

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074896

Corporation Name GENERAL MARINE SUPPLIES, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90003 023 ***550.00



Principal Place of Business 19 SW 104 ST
TE 444
MI FL 33186

Mailing Address 14629 SW 104 ST
SUITE 444
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1997

4. FEI Number 65-0777575

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

Principal Place of Business 26

Suite, Apt. #, etc. 27

City & State 28

Zip 25 Country 29

9. Name and Address of Current Registered Agent

MARQUEZ, LUCRECIA
11314 SW 147TH CT
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5. NAME	6. TITLE	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
9. NAME	10. TITLE	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
13. NAME	14. TITLE	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
17. NAME	18. TITLE	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
21. NAME	22. TITLE	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

CR2E034 (5/99)