SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT 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 # P97000081446

ECKLER MARINE, INC.

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23

24

Zip

Suite, Apt. #, etc.

City & State

202

25

5200 SOUTH WASHINGTON STREET

ECKLER, RALPH H

TITUSVILLE FL 32780

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

8660 ASTRONAUT BLVD
P O BOX 263
106
CAPE CANAVERAL FL 32920
US
US

2. Principal Place of Business

2a. Mailing Address

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Zip

Suite, Apt. #, etc.

City & State

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90001 021 ***150.00

DO NOT WE	RITE IN THIS S	PACE		1
09/18/1997				
4. FEI Number 65-0803065			oplied For of Applicable	
5. Certificate of Status Desired		\$8.75	Additional equired	
Election Campaign Financing Trust Fund Contribution	, D		May Be to Fees	
 This corporation owes the cu Intangible Personal Property. 		Yes [] No	
0. Name and Address of New	Registered A	gent		
(Ba Box Number is Not Accept 10 Leeward 1	Lanc	85 Zip	Codes	
n submits this statement for the	nurnose of char	naina its re	nistered	1
board of directors. I hereby acc	ept the appoint	ment as re	egistered	
when reinstating) ADDITIONS/CHANGES TO O	ept the appoint	ment as re	egistered	(66/
when reinstating)	ept the appoint	ment as re	egistered	:R2E034 (5/99)
when reinstating)	ept the appoint	DIRECTO	DRS IN 12	CR2E034 (5/99)
when reinstating)	ept the appoint	DIRECTO	DRS IN 12 Addition	CR2E034 (5/99)
when reinstating)	ept the appoint	DIRECTO Change Change	DRS IN 12 DRS IN 12 Addition Addition	CR2E034 (5/99)
when reinstating)	ept the appoint	DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition	CR2E034 (5/99)

1. 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 tamiliar with, and accept the obligations of, section 607.0505, Florida Statutes.

Country

82

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Name

Street Addre

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•					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE `	P	1.1 TITLE	Change Addition		
NAME	ECKLER, RALPH H	1.2 NAME			
STREET ADDRESS	8660 ASTRONAUT BLVD, #106	1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	İ		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

4. 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 one an attachment with an address.

SIGNATURE:

P9100008144 602648 90001-21

Eckler Marine, Inc. P.O. Box 263 Cape Canaveral, Florida 32920 (407) 799-2744 (407) 799-2743 Fax

August 2, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Filing Fee

To Whom It May Concern

Due to a change of address from last year we did not receive our Annual Notice. We have just received the second notice and are paying it.

We would like to request that you waive the additional fee due to the fact that our first notice was never received since we had an address change.

Please let us know of your decision on this matter. We have enclosed a check for \$150.00 to cover the original amount of the filing fee.

Sincerely

Ralph H. Eckler

President

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