2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000094338 1. Entity Name RTG MARINE CORPORATION					FILED May 03, 2000 8:00 am Secretary of State 05-03-2000 90127 006 ***158.75		
Principal Place of Business Mailing Address							
570 South Federal Highway. Suite 13 NYPOLUXO FL 33462 IS		7570 South Federal Highway. Suite 13 Hypoluxo FL 33462-6060 US			5.5	0545	9)(#) 1011 100)
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				IN THIS SPACE	
City & State		BOYNTOM BENCH, FL		4.	FEI Number 65-0873747		Applied For Not Applicable
Zip	Country	Zip 22425	Country	5. (Certificate of Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Reg		
-			Nami	e			
7570	istian, Theodore G South Federal Highway, Sui Dluxo Fl 33462	TE 13		t Address (P.O. B	3ox Number is Not Acceptable)		
			City			FL Zip Co	de
9. This corpo Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. (a on back)		FEE IS \$15 0 Fee will be	\$550.00	10. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees
1.	OFFICERS AND		12.		L DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
ITLE IAME STREET ADDRESS SITY-ST-ZIP	d Christian, Theodore G 7570 South Federal Highwa Hypoluxo Fl 33462	Delete Y, SUITE 13	TITLE NAME STREET ADDRES CITY-ST-ZIP	Direc 607/171		Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	s		Change	Addition
TLE Ame Ireet address I'ty- St- Zip	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		Change	Addition
TLE AME FREET ADDRESS ITY - ST - ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		Change	Addition
TLE Ame Freet Address Ity-st-zip		Delete	TITLE NAME Street addres City-St-Zip	55		Change	Addition
 I hereby c indicated of the cor changed, SIGNAT 	URE:	true and accurate and that my owered to execute this report a with all other the empowered.	signature sha s required by (II have the same Chapter 607, Flori	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa ida Statutes; and that my name $J - \frac{4}{28.00}$ S	ath; that I am an offic appears in Block 11	e information er or director or Block 12 if