

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S08030** (6)
1. Corporation Name
CHIC MARINE OF LAUDERDALE, INC.



Principal Place of Business
**2175 STATE ROAD 84
FT. LAUDERDALE FL 33312**

Mailing Address
**2175 STATE ROAD 84
FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
02/08/1995

4. FEI Number
65-0225093

Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

9. Name and Address of Current Registered Agent

**BIZZARRO, DEBORAH L.
2419 E. COMMERCIAL BLVD.
SUITE 302
FT. LAUDERDALE FL 33308**

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

11. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DS
NAME	LONGNECKER, CHARLES M	1.2 NAME	LONGNECKER, BARBARA D.
STREET ADDRESS	8636 GLENCAIRN TERRACE	1.3 STREET ADDRESS	8636 GLENCAIRN TERRACE
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	DT	2.1 TITLE	
NAME	LONGNECKER, BARBARA D.	2.2 NAME	
STREET ADDRESS	8636 GLENCAIRN TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	HART, PATRICK A	3.2 NAME	
STREET ADDRESS	1320 HART ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	HART, DORIS J	4.2 NAME	
STREET ADDRESS	1320 HART ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 be an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96 954-321-0000

CR2E034 (12/95)