

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S26349** (8)

1. Corporation Name

MARITIME INDUSTRIES, INC.



Principal Place of Business

Mailing Address

**PIRATEWEG 21-2152 TR
790 E BROWARD BLVD #302
HOOFDORP NO 33301
US**

**% ACCOUNTING & BUSINESS CONSULTANTS INC
790 E BROWARD BLVD #302
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **1200 SW 19th St.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **Ft. Lauderdale, Fl**

28

Zip

Country

Zip

Country

24 **33315**

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOVER, STEVEN B.
G/O ABC
790 E BROWARD BLVD, SUITE 302
FT LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1200 SW 19th Street

83

84 City
Ft. Lauderdale

FL 85 Zip Code
33315

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 Board of Directors

Signature typed or printed name of registered agent and Board of Directors

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JACOVER, STEVEN B.**
STREET ADDRESS **% 790 E BROWARD BLVD 302**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1200 SW 19th Street**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33315**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE: *Steven B. Jacover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9

1996

Date

Telephone Number

CR2E034 (12/95)