FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** 1. Corporation Name HURRICANE MARINE MARKETING, INC. Mailing Address Principal Place of Business 3573 DIXIE HWY. 3573 DOXIE HWY. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1995 02/11/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0244235 Not Applicable 580 N. 580 N. Federal 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Beach Trust Fund Contribution Added to Fees Deer field 23 Opertiald 28 8. This corporation has liability for intangible tax under s 199.032 Country 33441 Yes No Florida Statutes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Nymber is Not Acceptable) RODGERS, KENNETH D. 82 3573 DIXIE HWY. 83 FT. LAUDERDALE FL 33334 Zip Code 3344/ 85 Dierfield Beach 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if adolicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TULE TITLE RODGERS, KENNETH D. 1.2 NAME NAME 580 N. Federal Hwy. Deerfield Boach, FL 3344/ 3573 DIXIE HWY. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP DITY-ST-ZIP Change Addition ☐ DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 THILE TITLE 6.2 NAME NAME

6 3 STREET ADORESS

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 eporylor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of this true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of this true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of the same legal effect as if made under cath; that I am an officer or director of the opporation of the reference of the same legal effect as if made under cath is the same legal effect as if made under cath is the same legal effect as if the same legal effect

oath; that I am an officer or director of the quappears in Block 12 or Block 13 if changed CGD OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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