

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S90939 (7)**  
 1. Corporation Name  
**LUNAIR MARINE INTERNATIONAL, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2101 N. ANDREWS AVE.<br/>SUITE 400<br/>FT. LAUDERDALE FL 33311</b> | Mailing Address<br><b>2101 N. ANDREWS AVE.<br/>SUITE 400<br/>FT. LAUDERDALE FL 33311</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/30/1991**

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. | 2a. Mailing Address<br>26 Suite, Apt. #, etc. |
|--|---|

4. FEI Number  
**65-0373591**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|                  |                  |
|------------------|------------------|
| 22. City & State | 27. City & State |
|------------------|------------------|

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

|         |             |         |             |
|---------|-------------|---------|-------------|
| 23. Zip | 25. Country | 28. Zip | 30. Country |
|---------|-------------|---------|-------------|

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

|         |             |         |             |
|---------|-------------|---------|-------------|
| 24. Zip | 25. Country | 29. Zip | 30. Country |
|---------|-------------|---------|-------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SCHORR, STEPHEN A.  
 2101 N. ANDREWS AVE.  
 SUITE 400  
 FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE              | 1.1 TITLE   | <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BEARD, LARRY</b>                                   | 1.2 NAME  | <b>REBECCA BEARD</b>  |
| STREET ADDRESS             | <b>624 S.W. 24TH STREET</b>                           | 1.3 STREET ADDRESS                                    | <b>624 SW 24 ST</b>   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                              | 1.4 CITY-ST-ZIP                                       | <b>PORTLAND FORT LAUDERDALE FL 33315</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>BEARD, LARRY</b>                                   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>624 S.W. 24TH STREET</b>                           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>STD</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>BEARD, DEANA</b>                                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>624 SW 24TH STREET</b>                             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Larry D Beard** **4:24:98 954 4/32282**

CP2E034 (10/97)