

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90053 032 \*\*\*150.00

DOCUMENT # V07362

1. Corporation Name

DRIFTWOOD MARINE CORPORATION

Principal Place of Business

C/O JOHN DIVINE  
DOLPHIN AVE & 139TH STREET #MM54  
MARATHON FL 33050

Mailing Address

C/O JOHN DIVINE  
DOLPHIN AVE & 139TH STREET #MM54  
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

4. FEI Number

65-0306264

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 13900 Overseas Hwy

Suite, Apt. #, etc.

22

23 Marathon FL

24 33050 25 US

26 13900 Overseas Hwy

27

28 Marathon FL

29 33050 30

2a. Mailing Address

26 13900 Overseas Hwy

Suite, Apt. #, etc.

27

28 Marathon FL

29 33050 30

31

9. Name and Address of Current Registered Agent

DIVINE, JOHN  
DOLPHIN AVE & 139TH STREET #MM54  
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name Steve Stroup / Patricia Williams  
82 Street Address (P.O. Box Number is Not Acceptable)  
13900 Overseas Hwy  
83  
84 City Marathon FL 85 Zip Code 33050

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

TITLE P  
NAME DIVINE, JOHN  
STREET ADDRESS 1153 70TH STREET  
CITY-ST-ZIP MARATHON FL 33050

TITLE VS  
NAME WILLIAMS, PATRICIA  
STREET ADDRESS 26 HARBOR HOUSE, 1217 SOMBRERO BLVD.  
CITY-ST-ZIP MARATHON FL 33050

TITLE T  
NAME DIVINE, PAUL  
STREET ADDRESS 431 E. COLFAX  
CITY-ST-ZIP SOUTH BEND IN 46617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Steve Stroup  
1.3 STREET ADDRESS 31368 AVE  
1.4 CITY-ST-ZIP Big Pine Key, FL 33043

2.1 TITLE VS  
2.2 NAME Patricia Williams  
2.3 STREET ADDRESS 11234 4th Avenue Ocean  
2.4 CITY-ST-ZIP Marathon, FL 33050

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Patricia Williams Patricia F Williams 2/10/99 305-289-0432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)