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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

LUCKY	MENT # V27819 DUCK MARINE, INC.	Mailing Address			
8551 SE DRIFTWOOD ST. 8551 SE		8551 SE DRIFTWOOD ST HOBE SOUND FL 33455-2			
				04/10/1992	3a. Date of Last Report 04/01/1996
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0332993	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	de	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Z(p	Country 30	B. This corporation has liability for inte	<del></del>
-7.1	9. Name and Address of Curren		1001	10. Name and Address of New Regis	
SIN	NE, CHARLES C.		81 Name		
8551 S.E. DRIFTWOOD STREET HOBE SOUND FL 33455				dress (P.O. Box Number is Not Acceptable)	)
			84 City		85 Zip Code
			[0.1]		FL   S   Zip Code
SIGNATURE		D DIRECTORS	TE: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICEF	
TituE	DP	DELETE	1.1 TITLE		Change Addition
NAME	SINE, CHARLES C.		, 1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHY-ST-7IP	HOBE SOUND FL		1.4 CITY - ST - ZIP		
THE	DST	DELETE	2.1 TITLE		Change Addition
NAME	SINE, RITA M. 8551 SE DRIFTWOOD ST.		2.2 NAME		
STREET AUDRESS	HOBE SOUND FL		2 3 STREET ADDRESS		
CHY-S1-ZP THE	HODE SOUND I'L	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		Officit	3.2 NAME		FT AMMIND FT VOCINOI)
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST ZIP			3.4. CITY-ST-ZIP		
Title		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIH			4.4 CITY - ST - ZIP		
THUE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
Offy-St 20°		DELETE	5.4 City-S1-ZiP 61 Title	110	Change Addition
NAME		incert	6.2 NAME		El cuende El vandatat
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-\$1-ZIP	1		6.4 CITY-ST-ZIP		
CHIC OLIT	i		0.9 0111-01-21		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do 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 eath; 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.

**FILED** 

Apr 10 1997 8:00am

Secretary of State