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

DOCUMENT # V42709

BRENNAN'S MARINE SERVICES, INC.

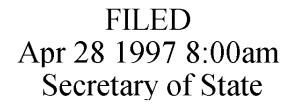
(8)

Principal Place of Business

1611 S.W. 23RD AVENUE

Mailing Address

1611 S.W. 23RD AVENUE





FORT LAUDERDALE FL 33312					FORT LAUDERDALE FL 33312-4008															
										3	3. Date Incorporated or Qualified 3a. Date 06/08/1992 05/01,					Date of 5/01/1	of Last Report /1996			
2. Principal Place of Business					2a. Mailing Address					4.	. FEIN	Number						Α	pplied For	1
21]					26						65	-0336	273					N	ot Applicable	e
I Sulte. Aρt. #. etc.					Suite, Apt. #, etc.					5.	. Certi	ficate c	f Statu	s Desire	ed	П			Additional	
22 City & State					City & State														equired	4
23					28					6.	6. Election Campaign Financing \$5.00 May Be									
Zip		Cou	untry		Zip Cou						Trust Fund Contribution ☐ Added to Fees									4
24					29 30					8.	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes							s. 199.032,		
g, Name and Address of Current										10. Name and Address of New Registered Agent										\dashv
	NNAN, PA							81	Name											7
1611 S.W. 23RD AVENUE									Skoot	lreet Address (P.O. Box Number is Not Acceptable)									4	
. FOR	it lauder					82	Sireera	(Blastquori a not Meastquori)									1			
								83												٦
								84	City						-		85	7.0	Code	4
									2							FI				
11. Pursuant t	to the provis egistered ac	ions of S	etions 60)7.0502 ar ∙State of E	nd 607.150∂ ¥orida, Suc	8, Florida Statut th change was a on 607.0505, Flo	es, the a	bove d hv	a-named	corporation's	on sub	mits thi	s stater	nent fo	r the pu	rpose	of char	nging i	ts registered	П
agent. I ar	m familiar wi	ith, ar	opent the	obligate	is of, Section	on 607.0505, Fig	orida Sta	tutes	5.	oration's	Doard	OI GIICC	1013.1	Hereby	accept	ine at	- pontri	ion as	registered	
SIGNATURE	<u> </u>	/ye	~ / /	10											1-2	2/-	97)		
12.	Signature, typod	OFFINITED			d little if applica IRECTORS	blc (NDT	E: Registere	o Age	nt signature	required whe			HANG	E0 TO	OFFICE	DATE	ID DID	CTO	RS IN 12	۾ إ
TITLE	<u> </u>			io mio bi	INEOTONO	DELETE	1. 1	ITLE	T		ADDII	IONS/C	TANG	E3 10	OFFICE	no An		Change	Addition	- §
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NAME							2.2 N	AME								.*				
STREET ADDRESS							2.3 S	TREET	ADDRESS											
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NAME							3 £ N	AME												
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CITY-ST-ZIP								HY-S	1 - ZIP											╛
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NAME							6.2 N										_ '	. va igo	Address:	
STREET ADDRESS.	1.11.611							-	ADDRESS											
CITY-ST-ZIP	i (William)				6.4 CIT				- 1											
							V.7 U	01												- 1

I do hereby certify that the information supplied with this filling 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 county ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clyinged, or on an anatomment with an address.

954-792-2720