

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V42843** (5)

1. Corporation Name
SEMCO MARINE, INC.



Principal Place of Business: **4001 SW 47 AVE STE 210 FT LAUDERDALE FL 33314 US**
Mailing Address: **4001 SW 47 AVE STE 210 FT LAUDERDALE FL 33314 US**

3. Date Incorporated or Qualified: **06/11/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business:
21. **3721 SW 47th Avenue**
22. **Suite 309**
23. **Ft. Lauderdale, FL**
24. **33314** 25. **Broward**
2a. Mailing Address:
26. **3721 SW 47th Avenue**
27. **Suite 309**
28. **Ft. Lauderdale, FL**
29. **33314** 30. **Broward**

4. FEI Number: **65-0339548**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**LATOUR, JOSE E
1101 BRICKELL AVENUE
SUITE 902
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRISTIANSEN, MILTON	
STREET ADDRESS	206 CAMERON CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SJOSTEEN, TOMMY	
STREET ADDRESS	206 CAMERON CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	P
33. STREET ADDRESS	Morten B. Rasmussen
34. CITY-ST-ZIP	3015 N. Ocean Blvd., Apt. 9I
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Ft. Lauderdale, FL 33308
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 in 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, as noted, upon attachment with an address.

SIGNATURE: *Morten B. Rasmussen* **MORTEN B. RASMUSSEN** 02/22/96 954-792-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)