

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V52817** (6)

1. Corporation Name
ACTION CANVAS & MARINE SERVICES, INC.



Principal Place of Business 14450 SW 24 ST. SE DAVIE FL 33062 US	Mailing Address 14450 SW 24 ST. SE DAVIE FL 33325-5037 US
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3. Date Incorporated or Qualified 07/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0343607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. NO - SE - LEAVE OUT SE 22 City & State FL - LAUD. Florida 23 Zip 33325 25 Country US	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 550023 27 City & State FL - LAUD. Florida 28 Zip 33355 30 Country US
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9. Name and Address of Current Registered Agent CATERSON, DREW E. 1080 S. DIXIE HWY SE POMPANO BCH FL 33062	10. Name and Address of New Registered Agent 81 Name Drew E. Caterson 82 Street Address (P.O. Box Number is Not Acceptable) 14450 SW 24 STREET 83 City DAVIE 84 State FL 85 Zip Code 33325
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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 *Drew E. Caterson* Pres. *1/7/97* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition	
NAME CATERSON, DREW E.		1.2 NAME	
STREET ADDRESS 1080 S. DIXE HWY		1.3 STREET ADDRESS 14450 SW 24 ST	
CITY - ST - ZIP SE POMPANO BCH FL 33062		1.4 CITY - ST - ZIP DAVIE Florida 33325	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 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.

SIGNATURE: *Drew E. Caterson* *Drew E. Caterson* 2/5/97 954476-0300

CR2E034 (9/96)