

FILED

Feb 21, 2000 8:00 a  
Secretary of State

02-21-2000 90044 048 \*\*\*150.00

DOCUMENT # V58319

Name  
MARINE-METAL FABRICATIONS, INC.

Place of Business Mailing Address  
STREET 850 NE THIRD STREET  
33004 SUITE 114  
DANIA FL 33004-3418  
US

Place of Business 3. Mailing Address  
Apt. #, etc. Suite, Apt. #, etc.

State City & State 4. FEI Number 65-0353006 Applied For Not Applicable

Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
SWANSON, ROBERT  
140 NE THIRD STREET  
114  
FL 33004

7. Name and Address of New Registered Agent  
Name RICHARD WHITE  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

This named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

*Richard L White*  
Signature, typed or printed name of registered agent and title if applicable

2/7/00  
DATE

(NOTE: Registered Agent signature required when reinstating)

Is this entity eligible to satisfy its Intangible Tax Requirement and elects to do so. (Sign on back)

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP SWANSON, ROBERT 140 NE 19 CT #E-220 WILTON MANORS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS WHITE, RICHARD 1109 S.W. 49 TERR. MARGATE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

I 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 on this report or supplemental 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 11 or Block 12 if applicable or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard L White* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00  
Date

954-925-8833  
Daytime Phone #