

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # F96000003637 (3)
 1. Corporation Name
NAIAD MARINE FLORIDA, INC.



Principal Place of Business BROWARD BUSINESS PARK 3650 HACIENDA BLVD., STE. D FT. LAUDERDALE FL 33314	Mailing Address BROWARD BUSINESS PARK 3650 HACIENDA BLVD., STE. D FT. LAUDERDALE FL 33314-2821
-------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
--------------------------------------------------------	-------------------------

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
--------------------------------------------------------	------------------	---------	-------------	-----	--------------------------------------------	------------------	---------	-------------	-----

4. FEI Number 65-0678393	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
------------------------------------	-------------------------------------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
----------------------------------------------------------------------------------------------	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$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

9. Name and Address of Current Registered Agent
**KUZMOVICH, VICTOR JR.
 BROWARD BUSINESS PARK
 3650 HACIENDA BLVD., STE. D
 FT. LAUDERDALE FL 33314**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VENABLES, JOHN D		1.2 NAME	
STREET ADDRESS 50 PARROTT DR.		1.3 STREET ADDRESS	
CITY - ST - ZIP SHELTON CT 06484-0558		1.4 CITY - ST - ZIP	
TITLE M	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUZMOVICH, VICTOR JR.		2.2 NAME	
STREET ADDRESS 3650 HACIENDA BLVD., STE. D		2.3 STREET ADDRESS	
CITY - ST - ZIP FT. LAUDERDALE FL 33314		2.4 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRAND, CARL H		3.2 NAME	
STREET ADDRESS 50 PARROTT DR.		3.3 STREET ADDRESS	
CITY - ST - ZIP SHELTON CT 06484-0558		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: *Victor J. Kuzmovich* **VICTOR KUZMOVICH, JR** 4-25-97 954-797-7566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)