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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000080718 (7) DOCUMENT #

ON/DECK MARINE CORPORATION

FILED May 04 1998 8:00am Secretary of State



Principal Place		Mailing Address) WITH \$ 0 (1) (0 0 0 1 1 1 1 0 0 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 0 0 1 1 1 1 0 0 1
MULBERRY S' BEAVER PA 1		P O BOX 500 BEAVER PA 15009			
US		US		DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 10/31/1994 	
2. Principal P	lace of Business	2a. Mailing Address 26		4, FEI Number 65-0539230	Applied For Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 S. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	∐ Yes ∐ No
CP	AIN, A.L.	i Hegistered Agent	81 Name	10, Name and Address of New Hegisters	AG Agent
	HOLLYHOCK CT.		774		
MARCO ISLAND FL 33937			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
			83		-
			84 City		85 Zip Code
				F	L
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or pride Linania of represent legical and their diagnostatic (NOTL Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELET é	1.1 TITLE		☐ Change ☐ Addition
NAME	CRAIN, A L		1.2 NAME		
STREET ADDRESS	154 HOLLYHOCK CT. MARCO ISLAND FL 33937		1.3 STREET ADDRESS		į;
CITY-ST-ZiP TITLE	D	DELETE	1.4 CITY - ST - ZIP		Change I Addition
NAME	CRAIN, MARKE S	□ DECETE	2.1 TITLE 2.2 NAME	W 22	Change
STREET ADDRESS	73 DOJAN DR		23 STREET ADDRESS	Mulberry Street Extensi Beaver, PA 15009	on
CITY-ST-ZIP	POTTSTOWN PA 19465		2 4 CITY-ST-ZIP	beaver, FA 15009	
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY - ST - ZIP 4.1 Title		Change Addition
NAME			4.2 NAME		Cuange C Montron
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELFT e	5.1 1\TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - \$1 - 7IP		Change Addition
TITLE NAME		C) prifet	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 Street Address		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
J111 U1-411			TA OUL OLVER		

14. 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 trusted imported 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 artifices.