

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **447632** (1)

1. Corporation Name
CAPE MARINE SERVICES, INC.



Principal Place of Business: **800 SCALLOP DRIVE CAPE CANAVERAL FL 32920**
Mailing Address: **800 SCALLOP DRIVE CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified: **03/13/1974**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-1517190** Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **SEAMAN (GERALD E.) 4340 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, ROSE	1.2 NAME	
STREET ADDRESS	4340 N TROPICAL TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WILLIAM E	2.2 NAME	
STREET ADDRESS	450 CARRIOCA CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LOUISE C	3.2 NAME	
STREET ADDRESS	450 CARRIOCA COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	3.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, GERALD E	4.2 NAME	
STREET ADDRESS	4340 N TROPICAL TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	4.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACHELLO, KAREN R.	5.2 NAME	
STREET ADDRESS	4910 FALCON BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	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 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 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: *Rose Seaman, Treasurer* 4/10/96 407-783-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)