

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

1-800 488-4454
FILED - 487-6091
98 JUN - 3 50 - 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447632 (1)
1. Corporation Name
CAPE MARINE SERVICES, INC.

Principal Place of Business Mailing Address
800 SCALLOP DRIVE 900 SCALLOP DRIVE
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4510

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/13/1974	04/16/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1517190	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

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 FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT SEAMAN, ROSE	1.1 TITLE	Change Addition
NAME	4340 N TROPICAL TRAIL	1.2 NAME	300002557573--6
STREET ADDRESS	MERRITT ISLAND, FL 00000	1.3 STREET ADDRESS	-06/11/98--01123--016
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	D PARKER, WILLIAM E	2.1 TITLE	Change Addition
NAME	450 CARRIOCA CT	2.2 NAME	
STREET ADDRESS	MERRITT ISLAND, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PARKER, LOUISE C	3.1 TITLE	Change Addition
NAME	450 CARRIOCA COURT	3.2 NAME	
STREET ADDRESS	MERRITT ISLAND, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DP SEAMAN, GERALD E	4.1 TITLE	Change Addition
NAME	4340 N TROPICAL TRAIL	4.2 NAME	
STREET ADDRESS	MERRITT ISLAND, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DS MONACHELLO, KAREN R.	5.1 TITLE	Change Addition
NAME	4910 FALCON BLVD.	5.2 NAME	HOLLICK, KAREN R
STREET ADDRESS	COCOA FL	5.3 STREET ADDRESS	5120 FLORIDA PALM AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE		6.1 TITLE	Change 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: *Karen Monachello* *June 27 1998*

CR25124 (9/96)