

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002839 (7)
1. Corporation Name
INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.



Principal Place of Business 737 BYWOOD DRIVE, NE PALM BAY FL 32905	Mailing Address 737 BYWOOD DRIVE, NE PALM BAY FL 32905-5425
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3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3350894	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THOMAS, RUSSELL M
737 BYWOOD DRIVE, NE
PALM BAY FL 32905**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, MERRITT F	
STREET ADDRESS	1406 ALBERNI STREET N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRANTZ, FRANK	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD, #67	
CITY-ST-ZIP	ENGLEWOOD FL 34223-2879	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALSTON, SAM	
STREET ADDRESS	P.O. BOX 3486	
CITY-ST-ZIP	FT. PIERCE FL 34948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUTNAMEL, WILLIAM C	
STREET ADDRESS	923 S.E. 20TH STREET, D-4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, LYNN	
STREET ADDRESS	1358 CHERRY HILLS DRIVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	MERRITT F. THOMAS
1.4 CITY-ST-ZIP	2442 BRANDY MILL HOUSTON, TX, 77067
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P/M
2.3 STREET ADDRESS	Russell M THOMAS
2.4 CITY-ST-ZIP	737 BYWOOD DR. NE PALM BAY, FL 32905
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIT/S
3.3 STREET ADDRESS	JANE B. (BETTY) THOMAS
3.4 CITY-ST-ZIP	737 BYWOOD DR. NE. PALM BAY, FL 32905
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)