


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

0003155

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|--|

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|--|
| 3. Date Incorporated or Qualified 06/09/1995 |
| 4. FEI Number 59-3350894 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMAS, MERRITT F | |
| STREET ADDRESS | 2442 BRANDY MILL | |
| CITY-ST-ZIP | HOUSTON TX | |
| 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 | CROUTAMEL, WILLIAM C | |
| STREET ADDRESS | 923 S.E. 20TH STREET, D-4 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33318 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, LYNN | |
| STREET ADDRESS | 1358 CHERRY HILLS DRIVE | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | PM | <input type="checkbox"/> DELETE |
| NAME | THOMAS, RUSSELL | |
| STREET ADDRESS | 727 BYWOOD DR. N.E. | |
| CITY-ST-ZIP | PALM BAY FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 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: _____ DATE: **7/28/98** DAYTIME PHONE #: **407-768-0634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)