

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90213 008 ****70.00

0019258

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002839

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/09/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3350894
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24
25	29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MERRITT F	1.2 NAME	
STREET ADDRESS	2442 BRANDY MILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRANTZ, FRANK	2.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD, #67	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223-2879	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, SAM	3.2 NAME	
STREET ADDRESS	P.O. BOX 3486	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34948	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUTNAMEL, WILLIAM C	4.2 NAME	
STREET ADDRESS	923 S.E. 20TH STREET, D-4	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LYNN	5.2 NAME	
STREET ADDRESS	1358 CHERRY HILLS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	
TITLE	PM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RUSSELL	6.2 NAME	
STREET ADDRESS	727 BYWOOD DR. N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	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, with all other like empowered.

SIGNATURE:

Signature of Russell M. Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Russell M Thomas 4/16/99 407-768-0634
 Date Daytime Phone #

CR2E037 (1/98)