

FILE NOW: FILING FEE IS \$61.25 **AMENDED**

APPROVED
AND
FILED

99 AUG 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT #
1. Corporation Name
N 95000002839
International Marine Research Institute, Inc.

Principal Place of Business 737 Bywood Dr. N.E. Palm Bay, FL, 32905	Mailing Address 6340 NW 32nd Ave Ft. Lauderdale, FL 33309
---	--

2. Principal Place of Business 21 6340 NW 32nd Avenue	2a. Mailing Address 26 6340 NW 32nd Ave	3. Date Incorporated or Qualified 15 June 1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3350894
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33309	25 Country USA	29 Zip 33309
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Russell M Thomas 737 Bywood Dr., N.E. Palm Bay, FL, 32905	10. Name and Address of New Registered Agent 81 Name Scott Zarecki 82 Street Address (P.O. Box Number is Not Acceptable) 6340 NW 32nd Ave 83 84 City Ft. Lauderdale FL 85 Zip Code 33309
--	---

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 Scott Zarecki DATE July 19 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Director	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Frank Dratz		1.2 NAME Russell M Thomas	
STREET ADDRESS 150 Old Englewood Road, #67		1.3 STREET ADDRESS 135 Johnny Mercer Blvd	D
CITY-ST-ZIP Englewood, FL, 34223-2879		1.4 CITY-ST-ZIP Savannah, GA. 31410	
TITLE Director	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Capt. Sam Alston		2.2 NAME Jane E. Thomas	
STREET ADDRESS P. O. Box 3486		2.3 STREET ADDRESS Mile 29, Old Northern Hwy	D
CITY-ST-ZIP Ft. Pierce, FL, 34948		2.4 CITY-ST-ZIP Belize District, Belize	
TITLE Director	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME William C. Crouthamel		3.2 NAME Merritt F. Thomas	
STREET ADDRESS 923 SE 20th St., D-4		3.3 STREET ADDRESS 2442 Brandy Mill	D
CITY-ST-ZIP Ft. Lauderdale, FL, 33316		3.4 CITY-ST-ZIP Houston, TX, 77067	
TITLE Director	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lynn Robinson, Col. USAF-Ret		4.2 NAME	900002978809--9
STREET ADDRESS 1358 Cherry Hills. Dr.		4.3 STREET ADDRESS	-09/03/99--01091--026
CITY-ST-ZIP Palm Bay, FL, 32905		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	9-1-99
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address, with all other like empowered.

SIGNATURE: Russell M Thomas DATE 12 July 1999 DAYTIME PHONE # 407-768-0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)