

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002839

1. Entity Name

INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90067 018 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6340 NW 32ND AVENUE FT. LAUDERDALE FL 33309	6340 NW 32ND AVENUE FT. LAUDERDALE FL 33309-1601

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3350894	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

ZARECKI, SCOTT
 6340 NW 32ND AVENUE
 FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, RUSSELL M	
STREET ADDRESS	135 JOHNNY MERCER BLVD.	
CITY-ST-ZIP	SAVANNAH GA 31410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, JANE E	
STREET ADDRESS	MILE 29, OLD NORTHERN HWY.	
CITY-ST-ZIP	BELIZE DISTRICT, BELIZE	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, MERRITT F	
STREET ADDRESS	2442 BRANDY MILL	
CITY-ST-ZIP	HOUSTON TX 77067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/4/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)