

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000013358 (2)
 1. Corporation Name
ACME SUBMARINE RESCUE, INCORPORATED



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| Principal Place of Business 605 COONTIE COURT FORT LAUDERDALE FL 33312 | Mailing Address 605 COONTIE COURT FORT LAUDERDALE FL 33312-2598 |
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|---|--------------------------|---------------------------|------------|--|---------------------------------------|
| 2. Principal Place of Business 21 621 S.W. 21st Terrace | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 02/12/1996 | 3a. Date of Last Report |
| 22 Suite, Apt. #, etc. Bay # 10 | | 27 Suite, Apt. #, etc. | | 4. FEI Number 650646120 | Applied For Not Applicable |
| 23 City & State Fort Lauderdale, FL | | 28 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 Zip 33312 | 25 Country USA | 29 Zip | 30 Country | 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 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIGHTINGALE, EARL JR. | 1.2 NAME | |
| STREET ADDRESS | 605 COONTIE COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BASS, DAVID | 2.2 NAME | |
| STREET ADDRESS | 2381 NORTHWEST 33RD STREET, APT. 616 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIGHTINGALE, DONNA M | 3.2 NAME | |
| STREET ADDRESS | 605 COONTIE COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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 | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *Earl Nightingale Jr.* **Earl Nightingale Jr. President** 4/21/97 954-316-6400

CR2E034 (9/96)