

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **F95000005132 (4)**

1. Corporation Name

**MARINE RESOURCES DEVELOPMENT FOUNDATION OF THE VIRGIN ISLANDS, INC.**

Principal Place of Business

Mailing Address

PO BOX 787  
KEY LARGO FL 33037

PO BOX 787  
KEY LARGO FL 33037-0787



|                                |                     |                     |                     |                                                                                                                                                             |                                                        |
|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>10/23/1995</b>                                                                                                      | 3a. Date of Last Report<br><b>03/29/1996</b>           |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>67-0258256</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                                                        |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |                                                        |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBLICK, IAN G  
51 SHORELAND DR  
KEY LARGO FL 33037**

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

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                      | CP <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KOBLICK, IAN G</b>              | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>51 SHORELAND DR</b>             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KOBLICK, TONYA A</b>            | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>51 SHORELAND DR</b>             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D'HAEM, MARCELLA</b>            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>51 SHORELAND DR</b>             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BASS, GERRY</b>                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>147 SW 63RD CT</b>              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33158</b>              | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CLAUSNER, EDWARD</b>            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1350 RIVER REACH DR #518</b>    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL 33315-1173</b> | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V <input type="checkbox"/> DELETE  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MONNEY, NEIL T</b>              | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>49 SHORELAND DR</b>             | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>          | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcella J. D'Haem* **Marcella J. D'Haem** 3/3/97 (305) 451-1139

CR2E037 (9/96)