

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **407411** (8)

1. Corporation Name

NAUTICAL ENGINEERING CORP



Principal Place of Business

Mailing Address

~~2701 REESE ROAD~~
FT. LAUDERDALE FL 33314-1203

~~2701 REESE ROAD~~
FT. LAUDERDALE FL 33314-1203

2. Principal Place of Business

2a. Mailing Address

21 **515 SEABREEZE BLVD.**

25 **515 SEABREEZE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 301**

27 **Suite 301**

City & State

City & State

23 **Ft. Lauderdale FL**

28 **Ft. Lauderdale FL**

Zip

Country

Zip

Country

24 **33316**

25 **USA**

29 **33316**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/24/1972

3a. Date of Last Report
11/17/1995

4. FEI Number

59-1964990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

SCHOELL, HARRY L

~~2701 REESE ROAD~~
FT. LAUDERDALE FL 33314-1203

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

515 SEABREEZE BLVD

83

SUITE 301

84 City

FL

85 Zip Code

33316

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

Harry L. Schoell President

4-29-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SCHOELL, HARRY L.**
STREET ADDRESS ~~2701 REESE ROAD~~
CITY-ST-ZIP **FT. LAUDERDALE FL 33314-1203**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **515 SEA BREEZE BLVD.**
1.4 CITY-ST-ZIP **SUITE 301 33316**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

954-764-0079
Daytime Phone #

CR2E034 (12/95)