


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715698 (7) 1. Corporation Name INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC.					
Principal Place of Business C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613			Mailing Address C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/11/1968 4. FEI Number 34-1566095 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TRAWICK, HAMMERSLEY & VALENTINE,P.A. 2051 MAIN STREET SARASOTA FL 34237				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HARRIS, ALLAN C				
STREET ADDRESS	5905 REINWOOD DRIVE				
CITY-ST-ZIP	TOLEDO OH				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WRIGHT, CHRISTOPHER C.				
STREET ADDRESS	12847 FOLLY QUARTER RD				
CITY-ST-ZIP	ELLCOTT CITY MD				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SMYERS, RICHARD P				
STREET ADDRESS	327 VIRGINIA AVENUE				
CITY-ST-ZIP	LAPORTE IN				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HARRIS, ALLAN C				
STREET ADDRESS	5905 REINWOOD DRIVE				
CITY-ST-ZIP	TOLEDO OH				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	DALE, GEORGE F.				
STREET ADDRESS	BOX 3249 FIRST ST. STA.				
CITY-ST-ZIP	RADFORD VA				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, or on an attachment with an address.

SIGNATURE: _____

NOT REQUIRED

1-21-98 (419) 472-1331

CR2E037 (10/97)