## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(7)

**FILED** 

May 05 1997 8:00am

Secretary of State

INSTITUTE OF MARINE SCIENCE, INC.

							.   (		
Principal Place of Business Mailing Address							ATTA BUBUL BUBUL BUBUL BUBUL	DIDEL BIDEL COR	
4332 E. TRADEWINDS AVENUE LAUDERDALE BY THE SEA FL 33308		4332 E. TRADEWINDS AVENUE LAUDERDALE BY THE SEA FL 33308-5010			)				
						3. Date Incorporated or Qualified 04/17/1979	3a. Date of Last 04/30/19		
2. Principal Pl	ace of Business	2a. Mailing Address 25				4. FEI Number 59-1906182	Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Žφ				8. This corporation has liability for intangible tax under s. 199.032,			
24 25 9. Name and Address of Current		Pagistered Agent	30			Florida Statutes Lyno  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					Name				
IANNAC	CONE, JAMES T.								
315 S.E.	7TH STREET, 2ND FLOOR		Ŀ	82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
FI. LAUL	DERDALE FL 33301								
			1	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.	Signature, typed or printed name of registered agent		E: Registered	Agent	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	VBS 1N 13	
TITLE			1.1 100	LE		ADDITIONS/CHANGES TO OFFIC	Change		
NAME	CONWAY, EDWARD H.		1.2 NAME		}				
STREET ADDRESS 3208 N.E. 40TH COURT		1.3 \$11		REET A	DDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CI		Y-SI-	- ZIP				
TITLE	VD	☐ DELETE 21TI		LE			☐ Change	Addition	
NAME	CONWAY, OLGA	2.2 N		NAME					
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NAME			4. 2 NAM						
STREET ADDRESS			4.3 STF		DDRESS				
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NAME			5.2 NA						
STREET ADDRESS					IDDRESS				
CITY-ST-ZIP				Y-ST	- ZIP		T Chance	Addition	
TITLE		DELETE	6.1 1111				Change	Addition	
NAME			6.2 NAI		nnaree				

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.