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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F70397

R & D MARINE SERVICE INC.

Principal Prace of Business Mailing Address % DAVID VAN KEMPEMA % DAVID VAN KEMPEMA 1169 S ALHAMBRA CIR 1169 S ALHAMBRA CIR **CORAL GABLES FL 33146** CORAL GABLES FL 33146-3711 3. Date Incorporated or Qualified 02/07/1996 03/04/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2168385 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAN KEMPEMA, DAVID 1169 SOUTH ALHAMBRA CIR Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 83 33146 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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signatury egyption primed name of registered agent and tile Tappicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change X Addition 1.1 TITLE TIFLE VAN KEMPEMA, DAVID NAME 1.2 NAME 1169 SOUTH ALHAMBRA CIR 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 00000 3<u>3146-3711</u> CHTY- ST- 7/2 1.4 CITY - ST - ZIP X Addition ST DELETE Change 2.1 TOUR TITLE VAN KEMPEMA, RENATE 22 NAME 1169 SOUTH ALHAMBRA CIR 2.3 STREET ADDRESS STREET ADORESS CORAL GABLES, FL 00000 33146-3711 2 4 CITY-ST-ZIP CITY-ST Change Addition DELETE 3.1 THLE TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIE DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 61 TELE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby cert ly that the information supplied with this filling 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: David Van Kempema

appears in Block 12 or Block 13 if changed, or on an attachment with

and Van Konyaner. Pees.

1/09/97

FILED

Jan 16 1997 8:00am

Secretary of State

305/665-0081