

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

20-440-50
SECRETARY OF STATE
DIVISION OF CORPORATIONS
Recharge IMH
95 JUN 15 AM 11:30

DOCUMENT # F93000001224 (5)

1. Corporation Name

INTERNATIONAL MARINE MARKETING (CONNECTICUT), INC.

Principal Place of Business

Mailing Address

351 NEW WHITFIELD ST.
GUILFORD CT 06437

P.O. BOX 308
GUILFORD CT 06437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1993**
3a. Date of Last Report: **11/28/1994**

4. FEI Number: **06-0918087**
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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1202 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 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 (Typed or printed name of registered agent and title if applicable)

(Date Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LYMAN, DOUG
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437
TITLE	TD
NAME	HOLT, HELEN
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437
TITLE	S
NAME	DURKEE, DANIEL
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437
TITLE	D
NAME	BONETTI, ALESSANDRO
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437
TITLE	D
NAME	QUAGLINI, MASSIMO
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437
TITLE	D
NAME	HAGGETT, JOHN
STREET ADDRESS	351 NEW WHITFIELD ST
CITY ST ZIP	GUILFORD CT 06437

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HUGGETT, JOHN
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 Acknow.

SIGNATURE: *[Signature]* SECRETARY

6-13-95

202-453-4377

CR2E034 (3/95)