FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005132 (4)**

1. Corporation Name

MARINE RESOURCES DEVELOPMENT FOUNDATION OF THE V IRGIN ISLANDS, INC.

Principal Place of Business	Mailing Address
PO BOX 787 KEY LARGO FL 33037	PO BOX 787 KEY LARGO FL 33037

3. Date Incorporated or Qualified: **10/23/1995**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **67-0258256** ☐ 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

9. Name and Address of Current Registered Agent

KOBLICK, IAN G
51 SHORELAND DR
KEY LARGO FL 33037

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: IAN G KOBLICK
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOBLICK, IAN G		1.2 NAME		
STREET ADDRESS	51 SHORELAND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOBLICK, TONYA A		2.2 NAME		
STREET ADDRESS	51 SHORELAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	D'HAEM, MARCELLA		3.2 NAME		
STREET ADDRESS	51 SHORELAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BASS, GERRY		4.2 NAME		
STREET ADDRESS	147 SW 63RD CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLAUSNER, EDWARD		5.2 NAME		
STREET ADDRESS	1350 RIVER REACH DR #518		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315-1173		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONNEY, NEIL T		6.2 NAME		
STREET ADDRESS	49 SHORELAND DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcella D'Haem, MARCELLA J. D'HAEM TREASURER 3/26/96 305-451-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #