FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H37293** **(8)**

1. Corporation Name

MARINE ACCIDENT RECONSTRUCTION COMPANY

Principal Place of Business
~~% RAAB & STRADER P.A.~~
~~1320 S. DIXIE HIGHWAY STE 870~~
~~MIAMI FL 33146-2929~~

Mailing Address
~~% RAAB & STRADER P.A.~~
~~1320 S. DIXIE HIGHWAY STE 870~~
~~MIAMI FL 33146-2929~~

3. Date Incorporated or Qualified: 01/07/1985
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21 c/o Daniel W. Raab, P.A.
Suite, Apt. #, etc.
22 Suite 821
City & State
23 Miami, FL
Zip 24 33146 Country 25

2a. Mailing Address
26 1320 S. Dixie Highway
Suite, Apt. #, etc.
27 Suite 821
City & State
28 Miami, FL
Zip 29 33146 Country 30

4. FEI Number: 59-2489196 — 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

RAAB & STRADER, P.A.
I.R.E. FINANCIAL BUILDING, STE.870
1320 SOUTH DIXIE HIGHWAY
MIAMI FL 33146

10. Name and Address of New Registered Agent

81 Name: Daniel W. Raab, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Gables One Tower, Suite 821
83 1320 S. Dixie Highway
84 City: Miami FL 85 Zip Code: 33146

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: _____ DATE _____
Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WENDLING, ROBERT E.	
STREET ADDRESS	ROUTE 2, BOX 1646	
CITY-ST-ZIP	PALATKA FL	
TITLE	DVP	☐ DELETE
NAME	WENDLING, JOAN	
STREET ADDRESS	ROUTH 2, BOX 1646	
CITY-ST-ZIP	PALATKA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
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 address.

SIGNATURE: Joan Wendling — Joan Wendling — June 6, 1996 — 904-328-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)