FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 1. Corporation Name MARINE RESEARCH CORPORATION Mailing Aduress Principal Place of Business 1100 S. FEDERAL HWY. 1100 S. FEDERAL HWY. P O BOX 2529 P O BOX 2529 STUART FL 34995 STUART FL 34995 3a. Date of Last Report 3. Date incorporated or Qualified 08/11/1995 05/01/1985 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2523399 Not Applicable 21 26 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ 🔲 Yes 🔀 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FOX, M. LANNING, ATTY. AT LAW Street Address (P.O. Box Number is Not Acceptable) 82 1100 SOUTH FEDERAL HIGHWAY 83 STUART FL 34994 Zip Code 84 Crty 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition Change [] DELETE 1 1 TIT F THE POPE, ANTHONY J. NAME 1.3 STREET ADDRESS STREET ADDRESS 5851 S.E. RIVERBOAT DR. STUART FL 34997 1.4 (-1Y - ST - ZIF CITY-ST-ZIP Change Addition DELEGE 2 1 MILE TITLE VST POPE, MICHAEL A 2.2 NAME NAME 5851 S.E. RIVERBOAT DR. 2.3 STREET ADDRESS STREET ADDRESS STUART FL 34997 2.4 CHTY - ST - ZIF CITY-ST-ZIE Addit on DELETE 3 I THE TITLE 3.2 NAME HORNSBY, HOWARD 1221 WYNNEDALE RD. 3.3 STREET ADDRESS STREET ADDRESS W. PALM BCH, FL 33417 3.4 CitY - ST - ZiP CITY-ST-ZIP ☐ Addition 4 1 TITLE E DELFTE TITLE 4.2 NAME OLSON, NORMAN H. NAME 1 BRANDON LANE 4.3 STREET ADDRESS STREET ADDRESS MYSTIC CT 4.4 CITY - ST. ZIP CITY-ST-ZIP Addition [Change DELETE 5 1 Title 1 THUE 5.2 NAME STAEHLE, MIKE NAME 2480 TREASURE ISLE DR. 5 3 STREET ADDRESS STREET ADDRESS PALM BCH. GARDENS FL 33410 5.4 C/TY - \$1 - 2/P CITY - ST - ZIP Add-tion [] DELFTE 6000018848**4**5° 6 1 11'LF TITLE 6.2 NAME -07/05/96--01032--036 NAME

nished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 14. I do hereby certify that the information supplied with this filling is volucefully that the information indicated on this angula report or supplied oath; that I am an officer or director of the computation or the receive ins not a far uses not qualify for the examption stated in section 1146,078,1 billion stated a factor in format food report is true and accurate and that my signature shall have the same legal effect as if made under be 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

6.3 STREET ADDRESS

64 CITY - ST - ZIE

SIGNATURE:

STREET ADDRESS

City-St-7i6

A OR DIRECTOR SIGNATURE AND TYPED OR PRINTED

Anthony Pope

***233.75

6/1/96

(12/95)

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