

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J58929 (7)

PERMA MARINE INTERNATIONAL, INC.



Principal Place of Business: **504 CENTR ROAD FT MYERS FL 33907 US**
 Mailing Address: **504 CENTER ROAD FT MYERS FL 33907 US**

3. Date Incorporated or Qualified: **02/24/1987**
 3a. Date of Last Report: **08/11/1995**
 4. FEI Number: **65-0065984**
 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: **3706 MERCANTILE AVE**
 2a. Mailing Address: **3706 MERCANTILE AVE**
 21. Suite, Apt. #, etc.:
 22. City & State: **NAPLES FL**
 23. Zip: **34104** Country: **USA**
 24. Zip: **34104** Country: **USA**

9. Name and Address of Current Registered Agent

**CLARK, JOHN H
 7181 COLLEGE PARKWAY, #30-130
 FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81. Name: **FRAN KOEBERT**
 82. Street Address (P.O. Box Number is Not Acceptable): **8779 EXETER**
 83. City: **FT MYERS** FL 85. Zip Code: **33907**

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: **FRAN KOEBERT - PRES** DATE: **24 JUN 96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOEBERT, FRAN	
STREET ADDRESS	8779 EXETER	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOEBERT, LINDA	
STREET ADDRESS	8779 EXETER	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REDD, KIM	
STREET ADDRESS	8779 EXETER	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	33907
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	33907
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	3720 17TH AVE S.W
34 CITY-ST-ZIP	NAPLES FL 33964
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FRAN KOEBERT - PRES** DATE: **24 JUN 96** DAYPHONE: **941-436-1990**

CR2E034 (3/96)