FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

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Jan 23 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J59311

(7)

RHODES MARINE SURVEYORS AND CONSULTANTS, INC.					
Drivet - I Ore	10	11 12 11 11	- 		
Principal Place of Business 4701 N FEDERAL HWY S-340. BOX C-8 LIGHTHOUSE POINT FL 33064 Mailing Address 4701 N FEDERAL HWY S-340. BOX C-8 LIGHTHOUSE POINT FL 33064				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				02/27/1987	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		59-2777202	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Current	Registered Agent		Name and Address of New Register	ed Agent
E	Berman, Philip M.		81 Name		
2424 NE 22ND STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			olicol Addi	ess (1.0. box Number is Not Acceptable)	
			83		
			84 City	0.000	
			84 City	F	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.					
office or i	registered agent, or both, in the State of im familiar with, and accept the obliga-	of Florida. Such change w	as authorized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	or randomical triangular design	and on, decitor der ibede	, i longe diatates.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered Agent signature require	ed when reinstating) DAT	E .
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	RHODES, JOHN		1.2 NAME		
STREET ADDRESS	3700 NE 23RD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1,4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	RHODES, STEPHEN MICHAE	iL	2.2 NAME		ı
STREET ADDRESS	1201 RIVER REACH DR 119		2.3 STREET ADDRESS		l
CITY-ST-ZIP	FT LADUERDAEL FL		2. 4 CITY - ST - ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		Change Addition
NAME	STANTON, EDMUND R.		3.2 NAME]
STREET ADDRESS	4701 N FEDERAL HWY, #34	0, C-8	3.3 STREET ADDRESS		
CITY-SI-ZIP	LIGHTHOUSE POINT FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		L DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-7IP		

GNATURE JOHN 13 13 1998 (954) 946-677