FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K40939 (6)

1. Corporation Name
INTERCONTINENTAL MARINE SERVICE CORPORATION

Principal Place of Business	Mailing Address
1191 E. NEWPORT CTR. DR. SUITE 102 DEERFIELD BEACH FL 33442	3990 SHERIDAN ST. SUITE 109 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1988
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 1191 E. Newport Ctr. Dr.
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): Suite 102
City & State (23)
City & State (28): Deerfield Beach, FL
Zip (24) / Country (25)
Zip (29): 33442 / Country (30): USA

4. FEI Number: 65-0081186 ☐ 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

SCHORR, STEPHEN A
2101 N. ANDREWS AVENUE, SUITE 400
FT. LAUDERDALE FL 33311

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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TENBERG, CLYDE W., JR.	1.2 NAME	
STREET ADDRESS	2333 NE 30TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, JEROME H.	2.2 NAME	
STREET ADDRESS	7388 VALENCIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	~~T~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~GULYA, CHRISTOPHER J.~~	3.2 NAME	
STREET ADDRESS	~~2788 BAYONNE DR.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☑ Change ☐ Addition S/T
NAME	MCCORD, JACQUELINE L.	4.2 NAME	Mc Cord, Jacqueline L.
STREET ADDRESS	3991 NW 108TH DR.	4.3 STREET ADDRESS	3991 NW 108th Drive
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: _____ 6-30-95 305-427-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063887 CP