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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K41064

INTERNATIONAL MARINA RESOURCES, INC.

HAILINA	(Horace Marinia (A2000))					
Principal Place	e of Business	Mailing Address		I I MANANISI DIN ASMAN SINSI ANSIA DESIA DESIA		#11 #1#11 #1#11 I##1
1323 SE 17TH : #212 FT LAUDERDAL		1323 SE 17TH ST #212 FT LAUDERDALE FL 33316			E IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed 10/21/1988		
2. Principal Pt	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0124314		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1 7 -	5 Additional Required
City & State	e	City & State	<del>-</del>	6. Election Campaign Financing	□ <b>\$5</b> .	OO May Be
23		28		Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	egistered Agent	
0777	0110 001111 0 5 00		81 Name		,	
	oud, ronald e sr I n. ocean blyd		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
, apt			83			
- FOR	T LAUDERDALE FL 33308				Terl -	ip Code
			84 City		FL  85  2	ip Code
					turpose of changing	rius registereu
office or re agent. I a	m familiar with, and accept the oblig	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corporation da Statutes.	ion's board of directors. Thereby accept	the appointment a	s registered
office or re agent. I a SIGNATURE	egisteraer agent, or both, in the State m remiliar with, and accept the obligation of the state	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corporation da Statutes.	ion's board of directors. Thereby accept	DATE	/
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office or reagent. I as	egisteraer agent, or both, in the State marillar with, and accept the oblig Signature, typed or printed name of required age OFFICERS AN	of Florida. Such change was au illions of, Section 607.0505, Florint and title if applicable. (NOTE: IND DIRECTORS	thorized by the corporation da Statutes.  Registered Agent signature require	ion's board of directors. I hereby accept	DATE	TORS IN 12
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office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	egisteraet agent, or both, in the State materializar with, and accept the obligation of required age OFFICERS AN CORRELL, THOMAS H 1004 GUAUA ISLE	of Florida. Such change was au illions of, Section 607.0505, Florint and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	TORS IN 12
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: