

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # K63531 (3)

1. Corporation Name

FRASER MARITIME SERVICES, INC.

Principal Place of Business

C/O GEORGE O. MITCHELL
 2650 BISCAYNE BLVD.
 MIAMI FL 33137

Mailing Address

C/O GEORGE O. MITCHELL
 2650 BISCAYNE BLVD.
 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/06/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0098167** 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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MITCHELL, GEORGE O
 2650 BISCAYNE BLVD.
 MIAMI FL 33137**

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

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRASER, LEWIS A
STREET ADDRESS	100 S. BISCAYNE BLVD., #700
CITY - ST - ZIP	MIAMI FL
TITLE	VPS
NAME	O'BRIEN, MICHAEL L
STREET ADDRESS	100 S. BISCAYNE BLVD., #700
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRASER II, LEWIS A.
23 STREET ADDRESS	100 S. BISCAYNE BLVD., #700
24 CITY - ST - ZIP	MIAMI, FL 33131
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	THIESEKING, THOMAS E.
33 STREET ADDRESS	100 S. BISCAYNE BLVD., #700
34 CITY - ST - ZIP	MIAMI, FL 33131
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HARRIS JR., WILLIAM P.
43 STREET ADDRESS	9300 S. DABELAND BLVD, STE. 308
44 CITY - ST - ZIP	MIAMI, FL 33131
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 110.07(3)(b), 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 (changed), or in an attachment with an address.

SIGNATURE:

Thomas E. Gieseck **Thomas E. Gieseck** 7-27-95 (303) 574-9201
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Signature Fee)

CR2E034 (3/95)