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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66128

(5)

INTERNATIONAL MARINE MARKETING, INC.

Apr 30 1997 8:00am Secretary of State

**FILED** 

|--|--|

| Principal Place of Business Mailing Address                             |   |  |                               |                                  |   |   |                              |  |
|---|---|--|-------------------------------|----------------------------------|---|---|------------------------------|--|
| P.O. BOX 7  | # RON STELL   |  |                               |                                  |   |   |                              |  |
|   |   |  |                               |                                  | 3. Date Incorporated or Qualified 02/10/1989  | 3a. Date of Last 04/30/1996                   | Report                       |  |
| 2. Principal  | Sipal Place of Business  2a. Mailing Address  2b. 9/33 B, 4, W 2 v 7 1 A A W      |  |                               | 4. FEI Number<br>65-0109852      | Applied For Not Applicable  |   |                              |  |
| Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27 |   |  |                               | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred  |   |                              |  |
| City & State 28   |   | City & State 28 PT-LANDIANA  | دمدر د م د د مشاهم ۳۰۰        |                                  | Election Campaign Financing     Trust Fund Contribution                             | \$5.00  | \$5.00 May Be Added to Fees  |  |
| Zip<br>24   | Country 25  | 29 <b>33324</b>  | Country                       |                                  | 8. This corporation has liability for   |   |                              |  |
|   | 9. Name and Address of Curr   | ent Registered Agent   | 1                             | -/11                             | 10. Name and Address of New Re  |   |                              |  |
| \$1   | reel, ron   |  | 81                            | Name                             |   |   |                              |  |
| 104 N E 18 AVE  |   |  |                               | Street Add                       | Address (P.O. Box Number is Not Acceptable)   |   |                              |  |
| FT. LAUDERDALE FL 33301   |   |  | 83                            |                                  |   |   |                              |  |
|   |   |  | 84                            | City                             |   | FL 85 Zip                                     | Code                         |  |
| 11. Pursuar<br>office o   | nt to the provisions of Sections 607.0<br>r registered agent, or both, in the Sta | 502 and 607.1508, Florida Statut<br>ale of Florida. Such change was a  | les, the abov<br>authorized b | e-named cor<br>y the corpora     | poration submits this statement for the patients board of directors. I hereby acce  | purpose of changing<br>pt the appointment as  | its registered<br>registered |  |
| agent.  | an iamiliai witii, and accept the obt   | igations of, Section 607,0505, Fit                                     | onda Statute                  | S.                               |   |   |                              |  |
| 10  | Signature, typed or printed name of registered                                    |  |                               | ent signature requ               | ired when reinstating)  | DATE  |                              |  |
| 12.   | OFFICERS A  | AND DIRECTORS 13.  |                               | ,                                | ADDITIONS/CHANGES TO OFFICE   |   |                              |  |
| TITLE   | STELL, RON  | ☐ DELETE   | 1.1 1111.6                    |                                  |   | Change  | ☐ Addilion                   |  |
| NAME  | ANA NIP 40 AND OTE 40   |  | 1.2 NAME                      |                                  |   |   |                              |  |
| STREET ADDRESS  | FT. LAUDERDALE FL   | LAUDEDDALE EL  |                               | ADDRESS                          |   |   |                              |  |
| CITY-ST-ZIP   | ST ST   | 1.4 City-  |                               | 31 - ZIP                         | · · · · · · · · · · · · · · · · · · ·   |   |                              |  |
| TITLE   | STEEL, KIM DOROTHY  | KIM DOBOTHY  |                               |                                  |   | Change  | ■ Addition                   |  |
| NAME  | 466 DADDIT DOAD   | 2.2 NAME   |                               |                                  |   |   |                              |  |
| STREET ADDRESS  | BEDFORD HILLS NY  |  | 2.3 STREET                    |                                  |   |   |                              |  |
| CITY-ST-ZIP   | DEDI OND TREE IT  | (.4  |                               | ST-ZIP                           |   | — <u>— — — — — — — — — — — — — — — — — — </u> |                              |  |
| TITLE   |   | DELETE . 31  |                               |                                  |   | Change  | ☐ Addition                   |  |
| NAME<br>STOREST ADDRESS   |   |  | 3.2 NAME                      | Inhoras                          |   |   |                              |  |
| STREET ADDRESS  | ° ]   |  | 3.3 STREET                    |                                  |   |   |                              |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE   | 3.4. CITY                     | SI-ZIP                           |   | Change  | A dalitin =                  |  |
| NAME  |   | _ piccie   | DELETE 4.1 TITLE              |                                  |   | ∟ Ghange                                      | ☐ Addition                   |  |
| STREET ADDRESS  |   |  |                               | ADORESS                          |   |   |                              |  |
| CITY-ST-ZIP   |   |  | 4.3 STREET<br>4.4 CITY - 9    |                                  |   |   |                              |  |
| TITLE   | <del>                                     </del>                                  | DELETE   |                               |                                  |   | ☐ Change                                      | Addition                     |  |
| NAME  |   |  | 5.2 NAME                      |                                  |   | onango  |                              |  |
| STREET ADDRESS  | s   |  | 5.3 STREET                    | ADDRESS                          |   |   |                              |  |
| CITY-ST-ZIP   |   |  | 5.4 CI1Y-S                    |                                  |   |   |                              |  |
| TITLE   |   | DELETE 6.11  |                               | *"                               |   | ☐ Change                                      | Addition                     |  |
| NAME  |   |  | 6.2 NAME                      |                                  |   |   | har riversion                |  |
| STREET ADDRESS  | s   |  | 63 STREET                     | ADDRESS                          |   |   |                              |  |
| CITY-ST-ZIP   |   |  | 64 CITY-S                     |                                  |   |   |                              |  |
| 14. Ldo her   | eby certify that the information suppl  | ed with this filing does not qualif                                    | ly for the ave                | motion states                    | d in Section 119.07(3)(i), Florida Statute  | s. I further certify that                     | the                          |  |
| intormat<br>I am an   | ti <b>on indicated on t</b> his annual report of                                  | r supplemental annual report is to<br>or the receiver or trustee empow | rue and accu<br>rered to exec | irate and that                   | t my signature shall have the same lega<br>rt as required by Chapter 607, Florida S | al affact ac it mada ur                       | dar aath: that i             |  |