

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L54874** (7)
1. Corporation Name
UNDERWATER ENGINEERING SERVICES, INC.

Principal Place of Business 2500 SE MIDPORT ROAD 2500 S.E. MIDPORT ROAD.. PO BOX 9220 PORT ST LUCIE FL 34952 US	Mailing Address * STEPHEN G. PINNEY P. O. BOX 9220 PORT ST. LUCIE FL 34952-9220 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/28/1990	
25		30		4. FEI Number 65-0185647	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PINNEY, STEPHEN G. 473 S.E. VERADA AVE. PORT ST. LUCIE FL 34983				10. Name and Address of New Registered Agent 81 Name MAURICE LABAE 82 Street Address (P.O. Box Number is Not Acceptable) % S.G. PINNEY & ASSOCIATES 83 2500 SE MIDPORT RD. 84 City PORT ST. LUCIE FL 85 Zip Code 34952			
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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 *Maurice Labae* **MAURICE LABAE** DATE **2-27-98**
(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	D	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PINNEY, STEPHEN G.		1.2 NAME	STEVEN GREENMAN			
STREET ADDRESS	473 S.E. VERADA AVE.		1.3 STREET ADDRESS	% 325 W. MAIN ST.			
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	BAByLON, N.Y.			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PINNEY, CAROL J.		2.2 NAME	MICHAEL BUONCORE			
STREET ADDRESS	473 S.E. VERADA AVE.		2.3 STREET ADDRESS	% 325 W. MAIN ST.			
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	BAByLON, N.Y.			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	MAURICE LABAE			
STREET ADDRESS			3.3 STREET ADDRESS	909 SE STREAMLET AVE			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: *Maurice Labae* **MAURICE LABAE** DATE **2/27/98** **SL 337 3080**
(Signature, typed or printed name of signing officer or director)

CR2E034 (10/97)