


FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

1997 MAY -1 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000000098 (4)</b>					
1. Corporation Name <b>SOUTHERN OCEANS ARCHAEOLOGICAL RESEARCH, INC.</b>					
Principal Place of Business <b>1205 MALDONADO DRIVE PENSACOLA BEACH FL 32561</b>			Mailing Address <b>P.O. BOX 13512 PENSACOLA FL 32591-3512</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1992</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>04/22/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-3185783</b>	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>FRANKLIN, MARIANNE 1205 MALDONADO DRIVE PENSACOLA BEACH FL 32561</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable) <b>100002164601-4</b>		
83			84 City <b>FL</b>		
85 Zip Code			86		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	MORRIS, J.W. III	PO BOX 1611 N/A	MELROSE FL 32666	1.1 TITLE VPSTD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	WEINSTEIN, ERI	2001 CHERRYWOOD	AUSTIN TE 78722	1.2 NAME	
VD	TERRELL, BRUCE	1919 ARLINGTON RIDGE RD	ARLINGTON VA 22202	1.3 STREET ADDRESS	
STD	FRANKLIN, MARIANNE	1205 MALDONADO	PENSACOLA BEACH FL 32561	1.4 CITY - ST - ZIP	
				2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY - ST - ZIP	
				3.1 TITLE	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY - ST - ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY - ST - ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	
14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>M. Franklin</i> <b>FRANKLIN, MARIANNE</b> 1 May 1997 904-934-3783					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)