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NONPROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

N93000005031 (0) **DOCUMENT #**

UNDERSEA RESEARCH FOUNDATION, INC.

Mailing Address Principal Place of Business 490 CARIBBEAN BLVD. 490 CARIBBEAN BLVD. KEY LARGO FL 33037 KEY LARGO FL 33037-4333 3. Date Incorporated or Qualified 11/02/1993 3a. Date of Last Report 02/08/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0464630 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FISHER, MARSHALL B Street Address (P.O. Box Number is Not Acceptable) 82 9655 SOUTH DIXIE HIGHWAY 83 SUITE 300 **MIAMI FL 33156** City Zip Code Pursuant to the provisions of Scclop 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. O both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. If am familiar with, and appearing obligations of Section 617 0503, Florida Statutes. ed agent any titu if applica (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE 1.1 TITLE Change Addition TITLE PD RUTKOWSKI, RICHARD L 1.2 NAME NAME 490 CARIBBEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3TD Change TITLE 2.1 TITLE WELL, J.M BOX 696 Route 617 NORTH, VA. 23128 NAME WELLS, J M 2.2 NAME STREET ADDRESS **BOX 696** 2.3 STREET ADDRESS NORTH VA 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 YITLE Change Addition TITLE PHOEL, WILLIAM C 3.2 NAME NAME 35 FREEMAN CT. 3.3 STREET ADDRESS STREET ADDRESS TOMS RIVER NJ 08753 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME

63 STREET ADDRESS

14. If do hereby certify that the information supplied with this tiling 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 is 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 sectively of trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 of Block 13 Technique.

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 19 1997 8:00am

Secretary of State

Daytime Phone # 0024397