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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001188 (1)

INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATOR S, INC.



Principal Place of Business: 126 SOHIER ROAD SUITE 200 BEVERLY MA 01915  
Mailing Address: 126 SOHIER ROAD SUITE 200 BEVERLY MA 01915-5536

3. Date Incorporated or Qualified: 04/01/1994  
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business: 21 As Above  
2a. Mailing Address: 26 As Above  
4. FEI Number: 59-3231932  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [x]

9. Name and Address of Current Registered Agent: MACGILLIS, DAVID C 14212 BUCKHORN ROAD TALLAHASSEE FL 32312  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BLODGETT, RICHARD E STREET ADDRESS: 2 STATE PIER CITY-ST-ZIP: CLOUCESTER MA 01930	1.1 TITLE: D	NAME: SPARKMAN, EDWIN P. STREET ADDRESS: 7808 WEST 103 ST. CITY-ST-ZIP: PALOS HILLS, IL 60465
TITLE: VP	NAME: LAIRD, JIMMY STREET ADDRESS: 862 LINE CREEK ROAD CITY-ST-ZIP: MORTON MS 39117	2.1 TITLE: D	NAME: GARY, EDWIN S. STREET ADDRESS: AQUINA RD 295 CITY-ST-ZIP: FAYARDO, PR 00738
TITLE: VP	NAME: RIPLEY, BRIAN R STREET ADDRESS: 6032 W. ANDREW JOHNSON HWY. CITY-ST-ZIP: TALBOTT TN 37877	3.1 TITLE: D	NAME: JOHN HOTZ STREET ADDRESS: 4121 US HIGHWAY 1 CITY-ST-ZIP: EDELBATER, FL 32141
TITLE: ST	NAME: RUTHERFORD, DANIEL K STREET ADDRESS: 126 SOHIER ROAD CITY-ST-ZIP: BEVERLY MA 01915	4.1 TITLE: D	NAME: TIM WADE STREET ADDRESS: 2721 WEST GREENWAY ROAD CITY-ST-ZIP: PHOENIX, AZ 85023
TITLE: D	NAME: OAKERSON, WILLIAM M STREET ADDRESS: 880 SOUTH PICKETT STREET CITY-ST-ZIP: ALEXANDRIA VA 22304	5.1 TITLE: D	NAME: KILBY, KARLTON W. STREET ADDRESS: 470 POLECAT ROAD CITY-ST-ZIP: YELLOW SPRINGS, OH 45387
TITLE: D	NAME: SWIDERSKI, KENNETH J STREET ADDRESS: 701 NORTH POINT DRIVE CITY-ST-ZIP: WINTHROP HARBOR IL 60096	6.1 TITLE: PE	NAME: MACGILLIS, DAVID C. STREET ADDRESS: 3900 COMMONWEALTH BLVD MS 659 CITY-ST-ZIP: TALLAHASSEE, FL 32399

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: Richard E. Blodgett  
DATE: 2-13-97  
PHONE: (508) 927-5110

CR2E037 (9/96)