

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001188 (1)**  
1. Corporation Name

**INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATOR S, INC.**



Principal Place of Business <del>120 SOHIER ROAD SUITE 200 BEVERLY MA 01915</del>	Mailing Address <del>120 SOHIER ROAD SUITE 200 BEVERLY MA 01915</del>
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3. Date Incorporated or Qualified <b>04/01/1994</b>	
4. FEI Number <b>59-3231932</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a home owners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21 <b>9 SHERWOOD DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.
22 City & State 23 <b>WESTFORD, MA</b>	27 City & State
24 Zip <b>01886</b>	25 Country <b>USA</b>
28 Zip	29 Country

9. Name and Address of Current Registered Agent <b>MACGILLIS, DAVID C 14212 BUCKHORN ROAD TALLAHASSEE FL 32312</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>ED P. SPARKMAN VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BLODGETT, RICHARD E</b>		1.2 NAME <b>NFCB</b>	
STREET ADDRESS <b>2 STATE PIER</b>		1.3 STREET ADDRESS <b>10330 S. ROBERTS RD</b>	
CITY-ST-ZIP <b>CLOUCESTER MA 01930</b>		1.4 CITY-ST-ZIP <b>PAJOS HILLS, FL 60465</b>	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LAIRD, JIMMY</b>		2.2 NAME <b>MICHAEL R. HIGGINS</b>	
STREET ADDRESS <b>862 LINE CREEK ROAD</b>		2.3 STREET ADDRESS <b>9 SHERWOOD DRIVE</b>	
CITY-ST-ZIP <b>MORTON MS 39117</b>		2.4 CITY-ST-ZIP <b>WESTFORD, MA 01886</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SAM BEAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RIPLEY, BRIAN R</b>		3.2 NAME <b>475 W. STORY ROAD</b>	
STREET ADDRESS <b>6032 W. ANDREW JOHNSON HWY.</b>		3.3 STREET ADDRESS <b>OCLOEE, FL 34761</b>	
CITY-ST-ZIP <b>TALBOTT TN 37877</b>		3.4 CITY-ST-ZIP <b>OCLOEE, FL 34761</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>KARLTON Kilby</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUTHERFORD, DANIEL K</b>		4.2 NAME <b>470 POJECATID</b>	
STREET ADDRESS <b>126 SOHIER ROAD</b>		4.3 STREET ADDRESS <b>YELLOW SPRINGS, OH 45387</b>	
CITY-ST-ZIP <b>BEVERLY MA 01915</b>		4.4 CITY-ST-ZIP <b>YELLOW SPRINGS, OH 45387</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>ROBERT ROSS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OAKERSON, WILLIAM M</b>		5.2 NAME <b>ONE STATE FARM PLAZA, AH</b>	
STREET ADDRESS <b>880 SOUTH PICKETT STREET</b>		5.3 STREET ADDRESS <b>13/COMINGTON, FL 61710</b>	
CITY-ST-ZIP <b>ALEXANDRIA VA 22304</b>		5.4 CITY-ST-ZIP <b>13/COMINGTON, FL 61710</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SWIDERSKI, KENNITH J</b>		6.2 NAME	
STREET ADDRESS <b>701 NORTH POINT DRIVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTHROP HARBOR IL 60096</b>		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* MICHAEL K. HIGGINS 3-2-98 978-392-9034

CR2E037 (10/97)