## FILE NOW: FILING FEE IS \$61.25 NONPROFIT

CORPORATION ANNUAL REPORT

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

1996 **DOCUMENT #**1. Corporation Name

N95000002839

AMENOST

96 OCT 23 PH 2: 13

	ernational Marine	Research In	nstitute, ]	Inc.	SECRE TALLAH	Tary of Assee, Fl	STATE LORIDA
Principal P	Place of Business						
Principal Place of Business  737 Bywood Drive, N. E. Palm Bay, Florida, 32905					4000019877048 -10/29/9601008002 *****61.25 *****61.25		
2. Principa	Il Place of Business	00 14.75		3.	Date Incorporated or Qualifie 15 June 1995		e of Last Report
21		28. Mailing Address		4.	FEI Number		Applied For
Suite. Ar	pt. #, etc.	Suite, Apt. #, etc.	<del></del>		9-3350894		Not Applicable
22		27		5.	Certificate of Status Desired	$\overline{\Box}$	\$8.75 Additional
City & St	lale	City & State					Fee Required
23		28			Election Campaign Financing		\$5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution		Added to Fees
24	[25]	29	30		This corporation has fiability for Florida Statutes		
	9. Name and Address of Current	Registered Agent			Name and Address of New F	Yes	NO NO
Russ	ell M Thomas		81 Name			TOBISTOTEC AN	teur
737	Bywood Drive, N.E.		82 Street	Address (D	O Ben N and		
Palm	Bay, Florida, 32	2005	01 Street	Address (P.	O. Box Number is Not Accepta	able)	
	20, 11011ua, 32	2903	63				
			84 City				
11 Durnugo	t to the						85 Zip Code
office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 617, 1508, Florida Stat	utes, the above-named	corporation	submits this statement for the		
V V V			s authorized by the ear		and of disease of the control of the	purpose of cri	langing its registered i
agent 1	am familiar with, and accept the obligation	ons of, Section 617,0503.	Florida Statutes	poration's bo	ard or directors. I hereby acce	ept the appoin	tment as registered
agent. I a SIGNATURE	The state of the s	ions ar, section 617,0503, 1	Florida Statutes.	poration's bo	ard of directors. I hereby acce	ept the appoin	Itment as registered
SIGNATURE	Signature typed or printed name of registered agent a	and title if applicable (No.	Florida Statutes.		a a succession more by acces	epi trie appoin	Itment as registered
SIGNATURE	Signature typed or printed name of registered agent a OFFICERS AND I	and title if applicable (No.	Florida Statutes.  OTE: Registered Agent signature  13.	required when re	instaing)	DATE DATE	as registered
SIGNATURE 12. TITLE	Signature typed or printed name of registered agent a OFFICERS AND I Director	and title if applicable (No.	FIGRICA Statutes.  OTE: Registered Agent signature	required when re	instaing)	DATE DATE	as registered
SIGNATURE 12. UTLE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas	and title if applicable (No. DIRECTORS	OTE: Registered Agent signature	required when re	instaing)	DATE DATE	RECTORS IN 12
SIGNATURE  12.  17LE  IAME  ITREET ADDRESS	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas	and title if applicable (No. DIRECTORS	OTE: Registered Agent signature  13. 11 TITLE 1.2 NAME	required when re	instaing)	DATE DATE	RECTORS IN 12
SIGNATURE  12.  17LE  IAME  STREET ADDRESS  ITY-ST-ZIP	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trite if appricable (NO DIRECTORS X DELETE	OTE Registered Agent signature  13. 11 TITLE 1.2 NAME 13 STREET ADDRESS	required when re	instating)	DATE DATE	RECTORS IN 12
SIGNATURE  12.  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  TLE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trite if appricable (NO DIRECTORS X DELETE	OTE: Registered Agent signature  13. 11 TITLE 1.2 NAME	required when re AL Dire Meri 1406 Paln	DOITIONS/CHANGES TO OFFI COLOR F. Thomas O Alberni St. n Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition
SIGNATURE  12.  ITLE  IAME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trite if appricable (NO DIRECTORS X DELETE	TOTE Registered Agent signature  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when re AL Dire Meri 1406 Paln	DOITIONS/CHANGES TO OFFI COLOR F. Thomas O Alberni St. n Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition
SIGNATURE  12.  ITLE  IAME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trite if appricable (NO DIRECTORS X DELETE	TOTE Registered Agent signature  13. 11 TiTLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 22 NAME	required when re AL Dire Meri 1406 Paln	DOITIONS/CHANGES TO OFFI COLOR F. Thomas O Alberni St. n Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition
2.  JULE  AAME  IREET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas	and trite if appricable (NO DIRECTORS X DELETE	TOTE Registered Agent signature  13. 11 TiffLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TiffLE 22 NAME 2 3 STREET ADDRESS	required when re AL Dire Meri 1406 Paln	DOITIONS/CHANGES TO OFFI COLOR F. Thomas O Alberni St. n Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition
SIGNATURE  12.  ITLE  ITHEET ADDRESS  ITY-ST-ZIP  TILE  AME  ITREET ADDRESS  TY-SI-ZIP	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trie if apprecable (NO DIRECTORS  LX DELETE  32905  Q DELETE  432905	TIONICA Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	AL Direction of the control of the c	DDITIONS/CHANGES TO OFFI ector F. Thomas of Alberni St. of Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  ITLE  ITME  ITMEET ADDRESS  ITY-ST-ZIP  ITME  ITMEET ADDRESS  ITY-ST-ZIP  ITME	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trite if appricable (NO DIRECTORS X DELETE	TOTE Registered Agent signature  13. 11 Title 1.2 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE	Paln Dire Fall Dire Fall Dire Fall Dire Fall Dire Engl	DDITIONS/CHANGES TO OFFI Ctpr Fittr. Thomas Alberni St. n Bay, FL. 3 RCTBFatz Old Englewood ewood, FL,	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition  Change X Addition
SIGNATURE  12.  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TY-ST-ZIP  TLE  MME	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trie if apprecable (NO DIRECTORS  LX DELETE  32905  Q DELETE  432905	TOTE Registered Agent signature  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	Paln Dire Fall Dire Fall Dire Fall Dire Fall Dire Engl	portions/changes to office the restained and the	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition  Change X Addition
SIGNATURE  12.  ITLE  ITME  ITMEET ADDRESS  ITY-ST-ZIP  ITLE  ITMEET ADDRESS  ITY-ST-ZIP  ITLE  ITME	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trie if apprecable (NO DIRECTORS  LX DELETE  32905  Q DELETE  432905	TOTE Registered Agent signature  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Paln Dire Fall Dire Fall Dire Fall Dire Fall Dire Engl	portions/changes to office the restained and the	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition  Change X Addition
SIGNATURE  12.  ITLE  STREET ADDRESS  ITY-ST-ZIP  ILE  AME  ITLE  AME  ITLE  AME  ITLE  ITLE  AME  ITLE  ITL	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No DIRECTORS    X DELETE     3 2 9 0 5     Q DELETE     DELETE     DELETE	TOTE Registered Agent signature  13.  1.1 Title  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  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	Paln Dire Fall Dire Fall Dire Fall Dire Fall Dire Engl	DDITIONS/CHANGES TO OFFI ector F. Thomas of Alberni St. of Bay, FL.	DATE CERS AND DI S N W 32907	RECTORS IN 12 Change Addition  Change X Addition
SIGNATURE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and trie if apprecable (NO DIRECTORS  LX DELETE  32905  Q DELETE  432905	TOTE Registered Agent signature  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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	Direct Capt	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St. Did Englewood, FL, Clear Alston, Pierce, FL	DATE CERS AND DI S N. W. 32907  J.4823-2 USCG- 34948	RECTORS IN 12 Change Addition  Change X Addition
SIGNATURE  12.  ITLE  VAME  SIRET ADDRESS  SITY-ST-ZIP  ITLE  ITLE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No DIRECTORS    X DELETE     3 2 9 0 5     Q DELETE     DELETE     DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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	Direct Capt	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St. Did Englewood, FL, Clear Alston, Pierce, FL	DATE CERS AND DI S N. W. 32907  J.4823-2 USCG- 34948	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TY-ST-ZIP  TLE  AME  REET ADDRESS  IY-ST-ZIP  LE  MME  ME  REET ADDRESS	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No DIRECTORS    X DELETE     3 2 9 0 5     Q DELETE     DELETE     DELETE	TOTE Registered Agent signature  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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	Direct Capt	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St. Did Englewood, FL, Clear Alston, Pierce, FL	DATE CERS AND DI S N. W. 32907  J.4823-2 USCG- 34948	Change Addition
SIGNATURE  12.  ITLE  ITME  IT	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    M. DELETE     32905   M. DELETE     Control   M. DELETE     DELETE     DELETE     DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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	Direct Capt	DDITIONS/CHANGES TO OFFI ector F. Thomas of Alberni St. of Bay, FL. of Bay, FL. of Bay, FL. of Control of Cont	DATE CERS AND DI S N. W. 32907  J.4823-2 USCG- 34948	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  AME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  AME  ME  REET ADDRESS  ITY-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No DIRECTORS    X DELETE     3 2 9 0 5     Q DELETE     DELETE     DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME	Direct Capt Direct	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	DATE CERS AND DI S 32907  34823-2  USCG- 34948  Amel 1  FL 3	Change Addition
SIGNATURE  12.  ITLE  ITME  IT	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    M. DELETE     32905   M. DELETE     Control   M. DELETE     DELETE     DELETE     DELETE	TOTICA Statutes.  13. 11.1 TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP 41. TITLE 4. 2. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	Direct Capt	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	DATE CERS AND DI S 32907  34823-2  USCG- 34948  Amel 1  FL 3	Change
SIGNATURE  12.  ITLE  IT	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    M. DELETE     32905   M. DELETE     Control   M. DELETE     DELETE     DELETE     DELETE	TOTE Registered Agent signature  13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 51 TITLE	Direct Capt Direct	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	DATE CERS AND DI S 32907  34823-2  USCG- 34948  Amel 1  FL 3	Change
SIGNATURE  12.  ITLE  ITME  IT	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    M. DELETE     32905   M. DELETE     Control   M. DELETE     DELETE     DELETE     DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS	Direct Capt Direct	ctor Sam Alston, Pierce, FL  ctor Sam Croutn Ctor Ctor Ctor Ctor Ctor Ctor Ctor Ctor	DATE CERS AND DI S 32907  34823-2  USCG- 34948  Amel 1  FL 3	Change
SIGNATURE  12.  ITLE  ITLE  ISTREET ADDRESS  ITY-ST-ZIP  ITLE  ITL	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    M. DELETE     32905   M. DELETE     Control   M. DELETE     DELETE     DELETE     DELETE	TOTE Registered Agent signature  13. 11 Title 1.2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME	Direct Capt Direct	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	USCG-34948  Amel 1 FL 3  1 USA 32905	Change Addition  F-Ret
SIGNATURE  12.  ITLE  SIREET ADDRESS  ITY-ST-ZIP  ILE  AME  ITREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  LE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS  ST. DELETE  132905  ST. DELETE  DELETE  DELETE	TOTE Registered Agent signature  13. 11 Title 1.2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Direct Capt Direct	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	USCG-34948  Amel 1 FL 3  1 USA 32905	Change
SIGNATURE  12.  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  AME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  AME  REET ADDRESS  ITY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS  ST. DELETE  132905  ST. DELETE  DELETE  DELETE	TIS.  13.  11. TITLE  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  21. TITLE  22. NAME  23. STREET ADDRESS  24. CITY-ST-ZIP  31. TITLE  32. NAME  33. STREET ADDRESS  34. CITY-ST-ZIP  41. TITLE  4. 2. NAME  4.3. STREET ADDRESS  4.4. CITY-ST-ZIP  51. TITLE  52. NAME  53. STREET ADDRESS  44. CITY-ST-ZIP  51. TITLE  52. NAME  53. STREET ADDRESS  54. CITY-ST-ZIP  61. TITLE  62. NAME	Direct Capt Direct	DDITIONS/CHANGES TO OFFI CLEAR TO Alberni St.  Did Englewood, Ector Sam Alston, Pierce, FL  Ctor Lauderdale, Ctor	USCG-34948  Amel 1 FL 3  1 USA 32905	Change Addition  F-Ret
SIGNATURE  12.  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  ITLE	Signature typed or printed name of registered agent a OFFICERS AND I Director Joseph A. Thomas 737 Bywood Dr. N	and title if applicable (No. DIRECTORS    X DELETE     32905   X DELETE     DELETE     DELETE     DELETE     DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 52 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME	Direct Street Capton Palm Palm Palm	Ctor Sam Alston, Pierce, FL  ctor Sam Alston, Pierce, FL  ctor Ctor Sam Alston, Pierce, FL  ctor Ctor Ctor Ctor Ctor Ctor Ctor Ctor C	USCG-34948  Bare 1  FL 3  1 USA 32905	Change Addition  3316  Change Addition  F-Ret

that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Russell M THOMAS