


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # N95000002839 (7)																																																																																																																											
1. Corporation Name INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.																																																																																																																											
Principal Place of Business 737 BYWOOD DRIVE, NE PALM BAY FL 32905		Mailing Address 737 BYWOOD DRIVE, NE PALM BAY FL 32905																																																																																																																									
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9. Name and Address of Current Registered Agent THOMAS, RUSSELL M 737 BYWOOD DRIVE, NE PALM BAY FL 32905		3. Date Incorporated or Qualified 06/09/1995 4. FEI Number 59-3350894 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																									
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																											
Signature, typed or printed name of registered agent and title if applicable.																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;">D</td><td style="width: 20%; text-align: center;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>THOMAS, MERRITT F</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2442 BRANDY MILL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HOUSTON TX</td><td></td></tr><tr><td>TITLE</td><td>D</td><td style="text-align: center;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DRANTZ, FRANK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>150 OLD ENGLEWOOD ROAD, #67</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ENGLEWOOD FL 34223-2879</td><td></td></tr><tr><td>TITLE</td><td>D</td><td style="text-align: center;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>ALSTON, SAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 3486</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FT. 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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/28/98 407-768-0634 Date Daytime Phone #																																																																																																																									

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