FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000000090 (9)

INTERNATIONAL MARINE ENTERPRISES, INC.

17314 SW 103 PL PO BOX 697 ARCHER FL 32615 ARCHER FL 32618-0697 3. Date incorporated or Qualified 3a. Date of Last Report 12/31/1992 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3158124 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 **3**0 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MICHEL, LISA 17314 SW 103RD PL Street Address (P.O. Box Number is Not Acceptable) 82 1845 PALM BEACH LAKES BLVD. 83 ARCHER FL 32618 84 32618 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typice or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TITLE 1.1 TITLE Change Addition MICHEL, SHERWOOD NAME 1.2 NAME 103RD STREET STREET ADDRESS 1.3 STREET ADDRESS ARCHER FL 32618 CITY - \$1 - Z/P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition MICHEL, LISA NAME 2.2 NAME 17314 SW 103RD PL STREET ADDRESS 2.3 STREET ADDRESS ARHER FL CITY - \$1 - 20P 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TIFLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-24P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 71P 5.4 CITY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

64 CITY-ST-ZIP

SIGNATURE:

14. I do horeby 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes in on an attachment with an address.

FILED

Feb 04 1997 8:00am

Secretary of State