FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000007519 (0)**

1. Corporation Name

SS INTERNATIONAL MARINE SERVICES, INC.

Principal Place of Business

844 SW 12TH CT
FT LAUDERDALE FL 33312
US

Mailing Address

%ACCOUNTING & BUSINESS CONSULTANTS
790 E. BROWARD BLVD #302
FT LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified: **01/29/1993**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **65-0391466** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21
Street Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address

26
Street Apt. #, etc. 27 844 SW 12TH CT
City & State 28 FT. Lauderdale, FL
Zip 29 33315 | Country 30 US

9. Name and Address of Current Registered Agent

SANDERS, SCOTT
844 SW 12TH CT
FT. LAUDERDALE FL 33312

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

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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. The above 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.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME SANDERS, SCOTT
STREET ADDRESS 844 SW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

55 TITLE ☐ Change ☐ Addition
56 NAME
57 STREET ADDRESS
58 CITY-ST-ZIP

59 TITLE ☐ Change ☐ Addition
60 NAME
61 STREET ADDRESS
62 CITY-ST-ZIP

63 TITLE ☐ Change ☐ Addition
64 NAME
65 STREET ADDRESS
66 CITY-ST-ZIP

67 TITLE ☐ Change ☐ Addition
68 NAME
69 STREET ADDRESS
70 CITY-ST-ZIP

71 TITLE ☐ Change ☐ Addition
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and accurate, that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Scott Sanders 4-4-96 305-463-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)