FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000020249 (7) K R G MARINE SERVICES, INC.							
Principal Place	of Business	Mairing Address			I QUILLI UEHEU JIUJI		01879 1811 1831
101 SE 19TH ST FT LAUDERDALE FL 33316		101 SE 19TH ST FT LAUDERDALE FL 33316					
				3. Date Incorporated or Qualified 3a. 03/18/1993		Date of Last Report 02/02/1995	
 Principal Pla 	ice of Business	2a. Mailing Address 26		4. FEI Number 65-0395845		├ —∔	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc	,	5. Certificate of Status Desired			Additional Required
City & State		City & State		6. Election Campaign Financing	 []	\$5.0	O May Be
3 Zuo	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for			d to Fees
Zip 4	Couritry 25	29	30		intangiole tax	. unuer s	199.032,
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New F	Registered A	gent	
OI DEOK	NED MADI		81 Name				
GLOECKNER, KARL 101 SE 19TH ST			82 Street Add	lress (P.O. Box Number is Not Acceptat	ble)		
	ERDALE FL		83				· · · · · · · · · · · · · · · · · · ·
			84 City			85 Z	p Code
						11	
or registere	ed agent, or both, in the State o	7.0502 and 607.1508, Florida Str If Florida. Such change was auth , Section 607.0505, Florida Stati	atutes, the above-named corpo porized by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	FL prose of char pointment as r	nging its registered	registered offic d agent, I am
or registere familiar wit SIGNATURE _	ed agent, or both, in the State on the and accept the obligations of Signature typed or printed heme of registers	f Florida. Such change was auth , Section 607.0505, Florida Stati	atutes, the above-named corpo porized by the corporation's boa	ard of directors. I hereby accept the app	prose of char pointment as r	egistered	d agent, I am
or registere familiar wit SIGNATURE _ 12.	ed agent, or both, in the State o h, and accept the obligations of Signature moved or printed name of registers OFFICER	f Florida. Such change was auth , Section 607.0505, Florida Stati ad agent and title if applicable.	atutes, the above-named corporation's boautes. [WOTE: Registered Agent signalure requires.	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE	egistered	d agent, I am
or registers familiar wit SIGNATURE	ed agent, or both, in the State o h, and accept the obligations of Signature most or proted name of register OFFICER P GLOECKNER, KARL	If Florida, Such change was auth , Section 607,0505, Florida Stati ad agent and trile if applicable IS AND DIRECTORS	atutes, the above-named corporation's boautes. [NOTE: Registered Agent signature requires	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE	DIRECTO	d agent, I am DRS IN 12
or registere familiar wit SIGNATURE	ed agent, or both, in the State o h, and accept the obligations of Signature moed or profiled name of register OFFICER P GLOECKNER, KARL 101 SE 19 ST	If Florida, Such change was auth , Section 607,0505, Florida Stati ad agent and trile if applicable IS AND DIRECTORS	atutes, the above-named corporation's booking by the corporation's bookings. [NOTE: Registered Agent signature require	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE	DIRECTO	DRS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State o h, and accept the obligations of Signature most or proted name of register OFFICER P GLOECKNER, KARL	If Florida, Such change was auth , Section 607,0505, Florida Stati ad agent and trile if applicable IS AND DIRECTORS	atutes, the above-named corporation's boautes. [NOTE: Registered Agent signature requires	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	DIRECTO	DRS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of Signature good or printed name of registers OFFICERI P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN	If Florida, Such change was auth, Section 607.0505, Florida Stati ed agent and title if aµpticable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corporation's booking by the corporation's bookings. [NOTE: Registered Agent signature required by the corporation's bookings. [NOTE: Registered Agent signature required by the corporation of the	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	DIRECTO Change	DRS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida, Such change was auth, Section 607.0505, Florida Stati ed agent and title if aµpticable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corporation's bookized by the corporation's bookites. [NOTE: Registered Agent squature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	DIRECTO Change	DRS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of Signature good or printed name of registers OFFICERI P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN	If Florida. Such change was auth., Section 607.0505, Florida Stati ed agent and trile if applicable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corporation's bookized by the corporation's bookites. [NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	egistered DIRECTO Change	DRS IN 12 Addition
or register familiar wit SIGNATURE _ 12. 11/LE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida, Such change was auth, Section 607.0505, Florida Stati ed agent and title if aµpticable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corporation's bookized by the corporation's bookites. [NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	DIRECTO Change	DRS IN 12
or register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth., Section 607.0505, Florida Stati ed agent and trile if applicable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corporation's bookied by the corporation's bookies. [NOTE: Registered Agent signature require 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	egistered DIRECTO Change	DRS IN 12 Addition
OF register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE	atutes, the above-named corporation's bookized by the corporation's bookites. [NOTE: Registered Agent signature require 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	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND	egisterex DIRECTO Change Change	DRS IN 12 Addition Addition
or register familiar wit SIGNATURE _ 12. 111. 111.E NAME SIREIT ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth., Section 607.0505, Florida Stati ed agent and trile if applicable. IS AND DIRECTORS ☐ DELETE	atutes, the above-named corpolorized by the corporation's bool orized by the corporation's bool of the corporation's bool of the corporation's bool of the corporation's positive requirements. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND	egistered DIRECTO Change	DRS IN 12 Addition
OF register familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE	atutes, the above-named corpolorized by the corporation's booties. [NOTE: Registered Agent signature require 13. 1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TillE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TillE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND	egisterex DIRECTO Change Change	DRS IN 12 Addition Addition
OF register familiar wit SIGNATURE _ 12. 11. 11. 11. 11. 11. 11. 11	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE	atutes, the above-named corpolorized by the corporation's booties. [NOTE: Registered Agent signature require 1.3 **. 1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TillE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TillE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TillE 4.2 NAME 4.3 STREET ADDRESS	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND	egisterex DIRECTO Change Change	DRS IN 12 Addition Addition
OF registers familiar with SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE	atutes, the above-named corpolorized by the corporation's booties. [NOTE: Registered Agent signature require 13. 1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TillE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TillE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE 4.2 NAME	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	egisterex DIRECTO Change Change	DRS IN 12 Addition Addition
OF registers familiar wit SIGNATURE _ 12. 11. 11. 11. 11. 11. 11. 11	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corpo- porized by the corporation's boo- porized agent signature required. 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 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	egisterex DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
OF registers familiar wit SIGNATURE _ 12. 11LE NAME SIRELT ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corpolorized by the corporation's booties. [NOTE: Registered Agent signature require 13. 1.1 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TILE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.1 T	ard of directors. I hereby accept the app ed when reinstating:	prose of char pointment as r DATE FICERS AND I	egisterex DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition
OF register familiar wit SIGNATURE _ 12. IIILE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State and one if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corporation's bost orized by the corporation's bost of the corporation's	ard of directors. I hereby accept the app ed when reinstating:	DATE FICERS AND I	egisterex DIRECTC Change Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition Addition Addition
OF registers familiar wit SIGNATURE _ 112. 111LE NAME SIREIT ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State ad agent and trile if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corporation's bost orized by the corporation's bost of the corporation's	ard of directors. I hereby accept the app ed when reinstating:	DATE FICERS AND I	egisterex DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition
or registere familiar wit SIGNATURE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State and one if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corporation's booties. [MOTE: Registered Agent signature require 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME	ard of directors. I hereby accept the app ed when reinstating:	DATE FICERS AND I	egisterex DIRECTC Change Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition Addition Addition
OF register familiar wit SIGNATURE _ 12. 111LE NAME SIREH ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	ed agent, or both, in the State of h, and accept the obligations of OFFICER P GLOECKNER, KARL 101 SE 19 ST FT LAUDERDALE FL D GLOECKNER, SUSAN 101 SE 19 ST	If Florida. Such change was auth, Section 607.0505, Florida State and one if applicable. IS AND DIRECTORS DELETE DELETE DELETE DELETE	atutes, the above-named corporation's bost orized by the corporation's bost of the corporation's	ard of directors. I hereby accept the app ed when reinstating:	DATE FICERS AND I	egisterex DIRECTC Change Change Change Change	DRS IN 12 Addition Addition Addition Addition

SIGNATURE: JUSTE 1 , March 1 , March

CR2E034 (12/95)