FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000035717 (6)

MAGELLAN MARINE CONSULTING, INC.

Principal Place of Business	Mailing Address
5261 NW 3RD AVE	757 SE 17TH ST.
POMPANO BEACH FL 33064	154
į .	ET IAIINEDNALE SI 92316,9860

FILED Apr 02 1997 8:00am Secretary of State



POMPANO BEA		757 SE 171H ST. 154 FT. LAUDERDALE FL 33316-2960 US						
					3. Date Incorporated or Qualified			ort
2. Principa: P	Principal Place of Business Address Business Address				4. FEI Number			lied For
21 757	57 S.E. 17th St. 26							Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required	
City & State	· Lauderdale , FL	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			
Z(p	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Ager	rt	
	ING, JOHN G.		81	Name				
5251 NW 3RD AVE. POMPANO BEACH FL 33064					ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL 85	Zip Cc	ode
office or re agent I al SIGNATURE	egistered agent or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized b forida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	t the a ppointn	nent as re	registered gistered
	Signature, typod or pusted name of registered ago		~~~~~~~~~~	ent signature requ	ured when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	YOUNG, JOHN G	☐ DELETE	1.1 TITLE			L) (Change	Addition
NAME CARCOL ADORDOS	5251 NW 3RD AVE.		1.2 NAME					
STREET LADORESS	POMPANO BEACH FL 33064			ADDRESS				
CITY-ST-ZIP TITLE	TOWN AND DEPOSITE GOODY	DELETE	1.4 C(TY -) 2.1 T(TLE	>1 - ZIP		т т	Change	Addition
NAME		L.J DECENE	2.2 NAME			، ليسا	mange	L.J Addition
STEELT ADDRESS				ADDRESS				
CITY-ST-7IP			2. 4 CITY-				-	
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
City - St - ZiP			3.4 CITY-	ST-ZIP				
TUTLE		OELETE	4.1 TITLE				Change	Addition
NAME			1. 4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
C-TY - ST - ZiP			4.4 CITY-1	ST- ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
COTY-ST-ZIP			5.4 CITY-1	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAM?			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
C(TY - S1 - 7)P			6.4 CITY-1	T-7iP				

14. Ido hereby confly 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 perportion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: