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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 01 1998 8:00am

Secretary of State

DOCUMENT # P93000049157 (9)

OCEANOMETRICS, INC.

Principal Place	of Business	Mailing Address		1 10011001 11	8 18188 (1111) 98111 <b>58</b> 111 <b>89</b> (1) 9	18414 B1840 18461 A1861 B11	HI 1981 1981
2105 PARK AV	E.	2105 PARK AVENUE					
STE. 24 ORANGE PARK FL 32073		SUITE 24 ORANGE PARK FL 32073			DO NOT WRITE IN	THIS SPACE	
US		US US	•	3. Date Incorp	orated or Qualified		
00		•		07/06/19	93		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Ar	oplied For
21		26		59-318	9626	No.	ot Applicable
Suite, Apt.	F, etc.	Suito, Apt. #, etc.		5. Certificate o	of Status Desired	7	Additional
2		27					equired
City & State	•	City & State			mpaign Financing		May Be
13 Zin	Country	<b>26</b>	Country	Trust Fund	20111112411011		to Fees
Zip 24	25	29	30		ation owes or has paid I operty Tax due June 30		iangible DNo
41	Name and Address of Current		190		Address of New Regis	<u> </u>	
DEV	VERTH, HENRY F		<b>81</b> Nai	me			
	9 WINTERBOURNE E #305		<b>82</b> Stre	eet Address (P.O. Box Nun	nher is Not Acceptable)	<u> </u>	
	ANGE PARK FL 32073			Set Modress (1 .O. Box Main			
<b>V.</b> •			83			<del>"</del>	
			84 City	/		85 Zip	Code
			'			FL   `   `	
11. Pursuant to office or re agent. I an							
SIGNATURE	Signature, typed or printed name of registered agent	and litter applicable (NC	DIF Registered Agent sign	ature required when reinstating)		DATE	3S IN 12
SIGNATURE 12.	Signature, typed or pointed name of objectered agent OFFICERS AND	and litter' applicable (NO	TE Registered Agent sign	ature required when reinstating)	CHANGES TO OFFICER		RS IN 12
SIGNATURE 5	Signature, typod or printed name of regulared api nt OFFICERS AND	and litter applicable (NC	13.	ature required when reinstating)		RS AND DIRECTOR	
SIGNATURE 12. TITLE NAME	Signature, typod or pented name of regulared agent OFFICERS AND VTD PAYNE, JOSEPH C	and left of applicable (NC DIRECTORS [ACCEPTE]	TE Registered Agent sign 13. 11 TITLE 12 NAME	ature required when reinstating) ADDITIONS/		RS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	Signature, typod or pented name of regulared agent OFFICERS AND VTD PAYNE, JOSEPH C 205 HOLLYWOOD FOREST DR	and left of applicable (NC DIRECTORS [ACCEPTE]	13.	ature required when reinstating) ADDITIONS/		RS AND DIRECTOR	
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