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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 06 1997 8:00am

Secretary of State

305-509-0033

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DOCUMENT # P93000064187 (6)

KEY WEST MARINE RECOVERY SERVICES, INC.

Principal Plac	e of Business	Mailing Address			86180 B1011 B1001 11001 18181 1601 1801
2907 SEIDENBERG AVENUE		P.O. BOX 633			
KEY WEST FL		KEY WEST FL 33041-0633			
		US		A D	
				3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Report 08/08/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	# ata	26		65-0431277	Not Applicable
22 Suite, Apr.	π, οιο.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		0.51	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
	BURE, SUZANNE A		81 Name	PT. Robert M. Lei	1601 P 75
	7 SEIDENBERG AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
KEY	WEST FL 33040		290	ess (P.O. Box Number is Not Acceptable Sei Den Berg &	WE,
			83	~	
			84 City KP	Y WEST, F	FL 85 Zip Code 33040 4053
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statuto	s, the above-named corpo	oration submits this statement for the pu	rpose of changing its registered
office or r agent. I	egistered agent, or both, in the State m famil@r with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505. Flor	rthorized by the corporation	oration submits this statement for the pulion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	AMILANI Joseph	UPIT TRIVIA	JESOLA STO)	4-29	7-97
	Signature, typical or printed name of registered ego-	nt and title if applicable (NO?E	LESVI A STO) Registered Agent signalure require		DATI
12. TITLE	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	LEISURE, SUZANNE A	F" INCIDE	1.1 TIFLE		Change Addition
STREET ADDRESS	2907 SEIDENBERG AVENUE		1.2 NAME		
CITY-ST-ZIP	KEY WEST FL 33040		1.3,STREET ADDRESS		
TITLE	STD	DELFTE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LEISURE, ROBERT M		2.2-NAME		Gridingo
STREET ADDRESS	2907 SEIDENBERG AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2. 4 CITY - S1 - ZIP		
TITLE		DELETE	3.17ITLE		Change Addition
NAME			3.2-NAME		• ==
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 โกเย		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Distr	5.4 CHY-\$1-ZIP		
TALE		☐ DELETE	G.1 TATLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			0.3 STREET ADDRESS		

14. I do hereby 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 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 on an attachment with an address.