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 # **P94000046368 (4)**

1. Corporation Name

INTERNATIONAL MARINE CORPORATION

Principal Place of Business	Mailing Address
4788 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33319	4788 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33319

3. Date Incorporated or Qualified: 06/21/1994	3a. Date of Last Report: 06/12/1995
4. FEI Number: 65-0507489	☐ 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	2a. Mailing Address
21 18745 SE FEDERAL HIGHWAY SEAGATE MARINA	26 P.O. BOX 8300
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TEQUESTA, FL	28 City & State: JUPITER, FL
24 Zip: 33469 / 25 Country: MARTIN	29 Zip: 33468 / 30 Country: PALM BEACH

9. Name and Address of Current Registered Agent

DEVRIES, GEORGE R
913 N. LOXAHATCHEE DR.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4492 S.W. BRANCH TERRACE
83
84 City: PALM CITY FL 85 Zip Code: 34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	DEVRIES, GEORGE		1.2 NAME	SAME	
STREET ADDRESS	913 N. LOXAHATCHEE DR.		1.3 STREET ADDRESS	4492 S.W. BRANCH TERRACE	
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPS	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	DEVRIES, DANNA M		2.2 NAME	SAME	
STREET ADDRESS	913 N. LOXAHATCHEE DR.		2.3 STREET ADDRESS	4492 S.W. BRANCH TERRACE	
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/8/96 Daytime Phone #

CR2E034 (12/95)