FILED

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90025 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400053488

1. Corporation Name

INTERNATIONAL MARINE CONSULTING ASSOCIATES, INC.

	·.				
Principal Place	of Business	Mailing Address		2 (28)(25) (19 (8))(8) (1) (8)	TBitt BBitt #Bidt GitEB tittt gipet idigt phir caut
2900 4TH STREET NORTH 2900 4TH STREET NORTH					
STE B-201 STE B-201					
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704					RITE IN THIS SPACE
US		US		3. Date Incorporated or Qualife	d
				07/18/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		59-3265022	Not Applicable
Suite, Apt. #, etc. 22 350 finelles Barnasttle		Suite, Apt. #, etc. 27 350 Pinelles Bayway #6		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0.0	City & State	<i>-</i>	6. Election Campaign Financing	- 11 ' ' 1
23 Tier	ra Verde, FL	28 Tierra Verde	<u>, r L </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the cu	
24 33'	115 25 115	29 33'11S 3	o US	Personal Property Tax.	✓ Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
KEAT	ron, Karen S. (610)	•	82 Street	Address (P.OaBox/Number is Not Accer	otable)
	2ND AVE NE STE-620-		777	Address (P.O. Box Number is Not Accer	
ST. I	PETERSBURG FL 33701		83	Le (010)	
			34 St.	7+C 410	85 Zip Code
			84 City		FL S Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	, the above-named	corporation submits this statement for th	e purpose of changing its registered
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 of 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, am familiar with, and accept the policiations of, Section 607.0505, Florida Statutes.					
agent. (a	m familiar with, and accept the dougation	Shis di, sacron 607.0303, Fiolia	ia Glatotes.	,	14 199
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AND		13,		OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change ☐ Addition
NAME	GAME, E C		1.2 NAME		
STREET ADDRESS	2900 4TH STREET NORTH STE.	R-203	1,3 STREET ADDRESS	350 Pinelles Bayw	25 #6
CITY-ST-ZIP	ST. PETERSBURG FL 33704	5 200	1.4 CITY-ST-ZIP	Tierra Verde, FL 3	371S /
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	MACNEILL, ROBERT		2.2 NAME		
	2900 4TH STREET NORTH STE.	E-203	2.3 STREET ADDRESS	350 Pinellas Baywa	2y#6
STREET ADDRESS	ST. PETERSBURG FL	. 6-203	2. 4 CITY-ST-ZIP	350 Pinellas Baywo	えてつら
CITY-ST-ZIP	SI. PETENSBURG FL	☐ DELETE	3.1 TITLE	110112 0012	Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME		
NAME					
STREET ADDRESS		•	4.3 STREET ADDRESS)	ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY+\$T-ZIP		

14. 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, with all other like empowered.

AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR