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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P95000002488 (1) DOCUMENT # 1. Corporation Name R & M MARINE SURVEYORS, INC.



	of Business	Mailing Address			- I IBBYKODY KIE IBIDY BINII EDIW DEWI		•	
1114 SYLVAN DR SARASOTA FL 34234		1114 SYLVAN DR SARASOTA FL 34234						
					3. Date incorporated or Qualified 01/04/1995	3a. Date o	of Last F	Report
	nce of Business	2a. Mailing Address			4. FEI Number			Applied For
11_AS	ABOVE		BOVE		65-0562700)		Not Applicable
– Suite, Apt. i J	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.7	5 Additional
City & State		27				<u> </u>	Fee	Required
Gity & State		City & State			6. Election Campaign Financing			00 May Be
'1	Country_	28	Countr	.,	Trust Fund Contribution			ed to Fees
1	25 SARAS	€117A 29		CASOTA	8. This corporation has liability for in Florida Statutes	ntangibie tax No	under s	i 19 9.032,
1	9. Name and Address of (Current Registered Agent	1001 211	MY 201H	10. Name and Address of New Ro		gent .	
			81	Name	10.	a Bratolog A	Hour	
LEVITT,	SANDY		_	ļ <u>.</u>				
	ngling blvd		82 Street Addre		ss (P.O. Box Number is Not Acceptable	6)		
SUITE 2	03		83					
SARASC	OTA FL 34237							
			84	City		FL	85 Z	ip Code
1. Pursuant to	o the provisions of Sections 60	7.0502 and 607.1508. Florida Statut	tes the above	named corporati	ion submits this statement for the purp of directors. I hereby accept the appo		oloo ito	
GNATURE _	Standard trading and his part and sounds	and about and life of personal transfer	07/ 5					
· · · · · · · · · · · · · · · · · · ·		RS AND DIRECTORS	OTE: Rug-stered Age	nt signafure required w	then reinstating! ADDITIONS/CHANGES TO OFFICE	DATE CERS AND D	PIRECTO	ORS IN 12
2. 'Lf	OFFICER D			nt signafure required w		CERS AND D	DIRECTO Change	
2. 'LF NML	D BOWEN, ROY A	RS AND DIRECTORS	13.	nt signafore required w		CERS AND D		
Z. LEF IME REEL ADDRESS	OFFICER D BOWEN, ROY A 1114 SYLVAN DR	RS AND DIRECTORS	13. 1 1 TITLE 12 NAME	nt signature required w		CERS AND D		
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name changed, or on an attachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR