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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000021263 (5)

FILED Mar 10 1998 8:00am Secretary of State

NURSEMAN MARINE TOWING, INC.					LABORATORI HA ARRI ARRI ARRI ARRI ARRI ARRI ARRI	
Principal Plac	o of Business	Mailing Ad	dress			
18974 SOUTHWEST OLD TRAIL DRIVE EAST 18974 SOUTHWEST OLD T				'RAII NRIVE	FAST	
JUPITER FL 33478 JUPITER FL 33478				naic paire	LNOI	
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 03/14/1995
2. Principal P	Plaço of Business	L	2a, Mailing Address			4. FEI Number Applied For
21	·,		26			APPLIED FOR 65-0813904 Not Applicable
Suite, Apt.	#, etc.	├ ┐	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				
23	0	· ·	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country			8. This corporation owes or has paid the current year Intangible
24			10		Personal Property Tax due June 30. Yes No	
[- '	9. Name and Address of Currer			7		10. Name and Address of New Registered Agent
7 Al	PETIS, JR., MICHAEL E			81	Name	
	974 SOUTHWEST OLD TRAIL DI	RIVE EAST		82	Stract Add	fress (P.O. Box Number is Not Acceptable)
JUPITER FL 33478				02	Street Aud	riess (P.O. Box Number is Not Acceptable)
				83		
				0.0	Oit.	[orl 7]- Cod-
				84	City	FL 85 Zip Code
11. Pursuant	to the progisions of Sections 607.050)2 and 607.1508.	, Florida Statutes	the above	-named cor	poration submits this statement for the 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 or registered agent, or 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	ILIOU DAA				•	2-9- 98
SIGNATURE	Signature, typied or printes make of real oreologic	chantering it applicable	te (NOTE	Flogistered Age	nt signature requ	ired when reinstating) DATE
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		DELETE	1.1 TITLE		Change Addition
NAME	ZAPETIS, MICHAEL E JR.			1.2 NAME		
STREET ADDRESS	18974 SOUTHWEST OLD TR	AIL DRIVE EAS	ST	1.3 STREET	address	i
CITY-ST-ZIP	JUPITER FL 33478			1.4 CITY-S	T- ZIP	
TITLE	☐ DELETE		2.1 TITLE		L] Change LJ Addition	
NAME				2.2 NAME	Ì	
STREET ADDRESS				2.3 STREET	ADDRESS	
CITY-ST-ZIP			T 30.000	2 4 CITY - S	T-ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	1	ļ
CITY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP	☐ Change ☐ Addition
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NAME				4. 2 NAME		Ì
STREET ADDRESS				4.3 STREET	1	,
CITY-ST-ZIP			DELETE	4.4 DITY-ST	r-zip	Change Addition
TITLE			DELETE	5.1 TITLE	{	Fig. 19 CHANGE FIT WORKING
NAME				5.2 NAME	1000000	ļ
STREET ADDRESS				5.3 STREET	i	
CITY-ST-ZIP			DELETE	5.4 CITY - S1	-ZIP	☐ Change ☐ Addition
TITLE		l	L. DELETE	6 1 TITLE	}	
NAME				62 NAME		
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP	edit, that the lefernation as a College	with this files doe	on not evenlify for	6.4 CITY-ST		Continue 110 07/0Vi) Electida Ctatulas I further contitu that the information

mus uses many does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informational annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an expert in trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

SIGNATURE:

2-9-98