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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

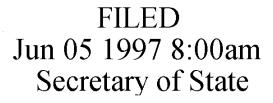
Sandra B. Mortham

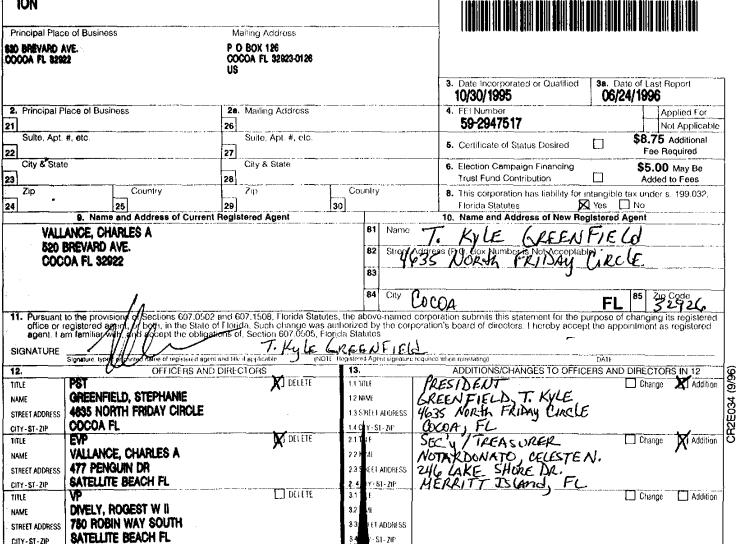
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000083690 (4)**

CONSULEX CORPORATION - UNDERWATER SERVICES DIVIS ION





S) - ZIP

ELADORESS

LT ADDRESS

Brail Joan

ST-ZIP

\$1-2IF

DELETE

DELETE

DELETE

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for information indicated on this annual report or supplemental annual report is true at am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address

TUDE. Standard of Pradomilians

comption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under eath; that secule this report as required by Chapter 607, Florida Statutes; and that my name

Change

Change

Addition

Addition

Addition

02/03/07

1