

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 996000039729

1. Corporation Name

Marine Relief Services, Inc.

Principal Place of Business

Mailing Address

511 Caroline Street
Key West, Florida 33040

2. Principal Place of Business

21 5001 5th Ave.

Suite, Apt. #, etc.

22

City & State

23 Key West, FL.

Zip

24 33040

Country

25 USA

26. Mailing Address

26 5001 5th Ave.

Suite, Apt. #, etc.

27

City & State

28 Key West, FL.

Zip

29 33040

Country

30 USA

3. Date Incorporated or Qualified

May 3, 1996

3a. Date of Last Report

4. FEI Number

65-0669249

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bruce Louis Amsterdam
511 Caroline Street
Key West, Florida 33040

81 Name

Jerry L. Gordon

82 Street Address (P.O. Box Number is Not Acceptable)

5001 5th Ave.

83

84 City

Key West

FL

85 Zip Code 33040

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 607.0502, Florida Statutes.

SIGNATURE

Jerry L. Gordon

May 13, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ DELETE
NAME	Bruce Louis Amsterdam	
STREET ADDRESS	511 Caroline St.	
CITY-ST-ZIP	Key West, FL. 33040	
TITLE	V-S	☒ DELETE
NAME	Derek Brown	
STREET ADDRESS	P.O. Box 768 NA	
CITY-ST-ZIP	Key West, FL. 33040	
TITLE	V-T	☒ DELETE
NAME	Jerry L. Gordon	
STREET ADDRESS	164 Cutthroat Dr.	
CITY-ST-ZIP	Summerland Key, FL. 33042	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P	☒ Change ☐ Addition
12 NAME	Jerry L. Gordon	
13 STREET ADDRESS	164 Cutthroat Dr.	
14 CITY-ST-ZIP	Summerland Key, FL. 33042	
21 TITLE	V	☐ Change ☒ Addition
22 NAME	Shirley G. Ederhy	
23 STREET ADDRESS	287 Airport Drive N	
24 CITY-ST-ZIP	Summerland Key, FL. 33042	
31 TITLE	S-T	☐ Change ☒ Addition
32 NAME	Sharon B. Gordon	
33 STREET ADDRESS	164 Cutthroat Dr.	
34 CITY-ST-ZIP	Summerland Key, FL. 33042	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Jerry L. Gordon

Jerry L. Gordon

May 13, 1997 305-285-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)