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 # P96000081666 (5)

INTERNATIONAL MARITIME SERVICES, INC.

incipal Place of Business	Mailing Address	
i	incipal Place of Business	incipal Place of Business Mailing Address

FILED May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0119262 Applied For 2440-88 PANE 2440 - 88 4 AVE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be VERU BEACH VERO BEACH 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HURESKY, WALTER E 2440 88 AVE Street Address (P.O. Box Number is Not Acceptable) 82 VERO BEACH FL 32966 вз City Zip Code 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 607,0505, Florida Statutes. SIGNATURE Signifiare, typed of moted name of registered agent and title if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELET**e** Change Addition TITLE 1.1 TITLE HURESKY, WALTER E NAME 1.2 NAME 2440 88TH AVE STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32966 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 2.1 TITLE ELLEN SCHENNER NAME 2.2 NAME MAJESTIC AVE STREET ADDRESS 2.3 STREET ADDRESS NĪ 07738 LINCKOFT 2.4 CITY-ST-ZIP CITY-ST-ZIP DILETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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.