SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

MIAMI FL 83131

2. Principal Place of Business

Suite, Apt. #, etc.

miami

KOLK, GLENN G

MIAMI FL 33131

City & State

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000036441

TECHNICAL MARINE PLANNING (OVERSEAS), INC.

Principal Place of Business Mailing Address SEO BRICKELL KEY DRIVE #1808

520 BRICKELL KEY DRIVE #1606 MIAMI FL 33131

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

5101 SW 73rd Terrace Miami, FL 33143

5101 Sw 73rd Terrace

25

520 BRICKELL KEY DRIVE #1606

Country

9. Name and Address of Current Registered Agent

FILED

Jul 13 1998 8:00am

Secretary of State

	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualified 04/28/1997		
	4. FEI Number	Applied For	
	65-08046017	Not Applicable	
	5. Certificate of Status Desired \$8.75	Additional Required	
		\$5.00 May Be Added to Fees	
	This corporation owes or has paid the current year In Personal Property Tax due June 30. Yes	ntangible we	
	10. Name and Address of New Registered Agent		
Name		-	
Street Add	dress (P.O. Box Number is Not Acceptable)		

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

Country

81 Name

83

City

30

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE .1 TITLE Change Addition DELETE **BULGARIDES. PETER C** NAME 1.2 NAME 510/ Sw 73rd Terrace 001 South America Way-STREET ADDRESS 1.3 STREET ADDRESS **MAMI FL 83132** miami, FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE ___ DELETE Addition **BULGARIDES, STAVROS** NAME 2.2 NAME 991-SOUTH AMERICA WAY 5101 Sw 73rd Terrace STREET ADDRESS 2.3 STREET ADDRESS MAMI FL 83182 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE **BULGARIDES, CONSTANTINOS** NAME 3.2 NAME 991-SOUTH AMERICA WAY -5101 for 73, 2 Terrace STREET ADDRESS 3.3 STREET ADDRESS MAMI FL 33132 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition KOLK, GLENN G NAME 4.2 NAME 520 BRICKELL KEY DRIVE #1606 STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 8000002588548 Addition NAME 5.2 NAME **-07**/14/98--01064--039 STREET ADDRESS 5.3 STREET ADDRESS ***558.75 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE ໆ L... Change L... Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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.

SIGNATURE:

(blem 6. Kolk, Sec. Jaly 9, 1998

(2/38)CR2E034

Zip Code