

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S02239 (9)**

1. Corporation Name

**MARINE INFORMATION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

801 STATE ROAD 436  
SUITE 2025  
ALTAMONTE SPRINGS FL 32714

P.O. BOX 162863  
SUITE 2025  
ALTAMONTE SPRINGS FL 32716-2863  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3036791** 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

2. Principal Place of Business

2a. Mailing Address

21 **1022 W. S.R. 436**

26 **P.O. Box 162863**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste. 1012**

27

City & State

City & State

23 **Altamonte Springs, FL** 28 **Altamonte Springs, FL**

Zip **32714** Country **US**

Zip **32716** Country **US**

24 **32714**

25 **US**

29 **32716**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORNE, GLEN**  
801 S.R. 436  
SUITE 2025  
ALTAMONTE SPRINGS FL 32714

81 Name **Horne, Glen**  
82 Street Address (P.O. Box Number is Not Acceptable) **1022 W. S.R. 436**  
83 **Suite 1012**  
84 City **Altamonte Springs, FL** 85 Zip Code **32714**

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

Signature typed or printed name of registered agent and title if applicable

NOTE Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>HORNE, GLEN</b>
STREET ADDRESS	<b>9064 GREENBROOK CT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b>
NAME	<b>SLATTERY, DIANE</b>
STREET ADDRESS	<b>9064 GREENBROOK CT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Horne, Diane</b>
23 STREET ADDRESS	<b>9064 Greenbrook Ct.</b>
24 CITY - ST - ZIP	<b>Orlando, FL 32810-1926</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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 applicable, or as an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

407-682-1161