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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S34019 DOCUMENT #

HATIONAL BOATING SAFETY CONSULTANTS; INC.
HMERICAD MARINE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1910 GULF SHORE BLVD. NORTH. #103

1910 GULF SHORE BLVD. NORTH. #103



		NAPLES PL 33940					
					3. Date incorporated or Qualified 02/26/1991	3a. Date of Last F 07/14/19	eport 5
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 34-1245415		Applied For
11		26			04 1240410		Not Applicable
ຼ Suite, Apt. # •2	Suite, Apt. #, etc Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	Additional Required
Oity & State	•	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be
ა լ - Հգ⊨	Country	Zip	Cour	ntry	This corporation has liability for it	MODE	d to Fees 199.032,
4	25	29	30		Florida Statutes Yes		
	9. Name and Address of C	urrent Registered Agent	<u> </u>		10. Name and Address of New Ro	egistered Agent	
FISHER, MICHAEL 1910 GULF SHORE BLVD NORTH, #103 3003 NORTH TAMIAMI TRAIL, SUITE 270				81 Name			
			}	82 Street Add	ress (P.O. Box Number is Not Acceptable	Al	· · · · · · · · · · · · · · · · · · ·
				oz Street Address (F.O. Box Number is not Acceptable)			
			83			······································	
NAPLES	FL 33940		}	84 City		85 Zi	p Code
						FL "	
 or registere 	ed agent, or both, in the State of	.0502 and 607.1608, Florida Statute f Florida: Such change was authorize , Section 607.0505, Florida Statutes	ed by the o	orporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	uose of changing its i pintment as registered	egistered office Lagent, Lam
SIGNATURE	Signature i typeak or printed team in of registers	The second provides of the second	TE Distance	Agent signature require	and whose solicated in a	DATE	
2.		S AND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFI		RS IN 12
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10 - 51 - 20P	NAPLES FL 33940			Y-SI-ZIP			
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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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indica cath, that I am an officer or direc appears in Block 12 or Block

SIGNATURE: \

2/4/94 941-434-9080