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

S. The en weight



COF ANNL	PROFIT RPORATION JAL REPORT 1997	Sandra Secret	ARTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		997 8:00am ry of State
	MENT # S55321 OFFSHORE SERVICES, IN	` '		A LEGALDAGO TORA DARBO ARRODO ARRODO ARRODO ARRODO	BABIL BABIL BABIL BABIL BABIL BABIL BABIL
Principal Place of Business  320 15TH ST LAGUNA BEACH PANAMA CITY BEACH FL 32413  US  Mailing Address  320 15TH ST LAGUNA BEACH PANAMA CITY BEACH FL 32413  US				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P 21 Suite, Apt.	lace of Business	2a. Mailing Address 26 Suite, Apt #, etc.		05/28/1991 4. FEI Number 59-3067938 5. Certificate of Status Desired	04/24/1996 Applied For Not Applicable \$8.75 Additional Fee Required
City & State 23 Zip 24	Country 25 9. Name and Address of Curre	Crty & State 28 Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Re-	Yes No
SCOTT, RICHARD B. 320 15TH STREET LAGUNA BEACH PANAMA CITY BEACH FL 32413  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			83 84 City  Lites, the above-named corporal authorized by the corporal	ress (P.O. Box Number is Not Acceptab poration submits this statement for the p tion's board of directors, i hereby accep	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	,	TI: Registered Agent signature requi	red when renstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, RICHARD B 320 15TH ST LAGUNA BCH PANAMA CITY BCH FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		Change Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCOTT, JANET W 320 15TH ST LAGUNA BCH PANAMA CITY BCH FL	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2. 4 CITY - S1 - ZIP		☐ Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
VITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addillon

CTY-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)(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.

ALGORDO DO CONTENDO CO

(01) 221-0402

**FILED**