

FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **S70461** (6)
1. Corporation Name
INTERNATIONAL MARINE CRANE SERVICES, INC.



Principal Place of Business 111-1 8TH AVE SO JACKSONVILLE BEACH FL 32250 US	Mailing Address P.O. BOX 26513 JACKSONVILLE FL 32226-0513 US
---	--

2. Principal Place of Business 21 491 Trout River Dr. Suite, Apt. #, etc. 22 City & State 23 Jax. Fl. Zip 24 32208	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
--	---

3. Date Incorporated or Qualified 08/02/1991	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3083594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRYANT, TIMOTHY J.
411-1 8TH AVE SO P.O. Box 26513
JACKSONVILLE BEACH FL 32250 Jax. Fl. 32226**

10. Name and Address of New Registered Agent
1. Name **Bryant, Timothy J.**
2. Street Address (P.O. Box Number is Not Acceptable)
491 Trout River Dr.
3.
4. City **Jax** FL 5. Zip Code **32208**

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	
TITLE	PT
NAME	BRYANT, TIMOTHY J
STREET ADDRESS	475 TROUT RIVER DR.
CITY - ST - ZIP	JACKSONVILLE FL 32208
TITLE	VS
NAME	BRYANT, SUZANNE D
STREET ADDRESS	475 TROUT RIVER DR.
CITY - ST - ZIP	JACKSONVILLE FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	491 Trout River Dr.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	491 Trout River Dr.
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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; that I am 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:

 **TIMOTHY J. BRYANT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

(904) 766-0380
Daytime Phone

0043913

CR2E034 (9/96)