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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S96619 (9)

1. Corporation Name
DIRIGO MARINE SERVICES, INC.

Principal Place of Business
725 ROBIN WAY
NORTH PALM BEACH FL 33408

Mailing Address
725 ROBIN WAY
NORTH PALM BEACH FL 33408-4207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1991		3a. Date of Last Report 03/08/1996	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0347152		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

KOMLOSY, FIONA A.
725 ROBIN WAY
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS KOMLOSY, FREDRICK A., JR 725 ROBIN WAY NORTH PALM BEACH FL V	1.1 TITLE	☐ Change ☐ Addition
NAME	KOMLOSY, JAMES S. B.	1.2 NAME	
STREET ADDRESS	1803 EAST 14TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	KOMLOSY, ANNA J.	2.2 NAME	
STREET ADDRESS	725 ROBIN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KOMLOSY, FIONA A.	3.2 NAME	
STREET ADDRESS	725 ROBIN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 Fredrick A. Komlosy Jr. FREDERICK A. KOMLOSY JR. MAR 14, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (561) 627-8437

CR2E034 (9/96)