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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Compration	MENT # V302	40	(8)						
ASSOCIATED MARINE SURVEYORS, INC.									
Principa Place	of Business	Mailing Address					e and a drawn and marte titlet de	iri dari diğir bibir bibir ğiğil di	1911 61911 1591
1100 SE 7TH AVE POMPANO BEACH FL 33060		1100 SE 7TH AVE POMPANO BEACH FL 33060							
							3. Date Incorporated or Qualified 04/21/1992	3a. Date of Last Repo 01/18/1995	
2. Principal Pla	ce of Business		2a. Mailing Address				4. FE≀Number 65-0309429	1 1	lied For Applicable
Suite Apt. #, etc.			Suite, Apt. #, etc					\$8.75 40	· · · · · · · · · · · · · · · · · · ·
[22			27				Certificate of Status Desired	Fee Req	
City & State		City & State				6. Election Campaign Financing	□ \$5.00 N		
[23] Zip	Country	28	 Zip	Co	ountry	 	Trust Fund Contribution 8. This corporation has liability for i	Added to	
24	25	29		30			Florida Statutes		3.002,
	9. Name and Address of Curren	nt Regist	ered Agenl		1	T.	10. Name and Address of New R	egistered Agent	
DARCO	WED AFRILING				81	Name			
	CKER, GERHARD S W 7TH AVE				82	Street Ad	ldress (P.O. Box Number is Not Acceptab	(e)	
POMPA	ANO BEACH FL 33060				83				
					84	City		FL 85 Zip Co	ode
11. Pursuant to	the provisions of Sections 607.0507	2 and 607	.1508, Florida Statu	les, the at	ove	Lnamed corp	poration submits this statement for the pur pard of directors. I heraby accept the appo	ages of changing its socia	tered office
familiar witi	n, and accept the obligations of, Sect	tion 607.0	change was authori, 505, Florida Statute	zea by the s.	corp	xoration s bo	pard of directors, I hereby accept the appo	ointment as registered age	ant. I am
SIGNATURE.	âlg iat nei typed or profed nan e of registered agen	hand lifte if a _l	مادرة (الإساء	Off Register	ed Age	nt signature rece	med when reinstating)	DATE	
12.	OFFICERS AN	D DIRECT		13			ADDITIONS/CHANGES TO OFF		IN 12
Hi'th	D		DEFELE	1, 1	TITLE			☐ Change ☐	Addition
NAMI	BADECKER, GERHARD			1.2	NAME				
STREET ADDRESS	1100 SE 7TH AVE			- 6		ADDRESS			
011 S1 702 1104	POMPANO BEACH FL		F"1 DCLETE		CHY-S	51 - 2IP			2
NAM:			[] DELETE		TITLE NAME			Change C] Addition
STREET ADDRESS						ADDRESS			
City St-Zát				1	CITY - S				
THEF			DELETE		TITLE	31.51		[] Change [Addition
NAME				32	NAME				_
STREET AFORESS				3.3	STREE	I ADDRESS			
Erty-St-Ziệ				34	CHY-S	ST - ZIP			
30164			DELETE	4 1	TITLE			Change	Addition
NAM:				4.2	NAME				
STREET ADDRESS						ADDRESS			
CHY-ST ZIF TIFLE			DELETE		CITY - S	ST-ZIP		<u> </u>	7 Addition
NAME			LJ ottete		THLE NAME			Change [Addition
STREET ADDRESS						ADDRESS			
Offy St Zif					CITY-S				
Tillef			DELETE		TITLE	· L"		Change [Addition
NAM)				62	NAME	1		<u> </u>	-
STREET ADDRESS						ADDRESS			
CHY-SI-ZIP	_	`		6.4	City-S	ST-71P			

14. Let hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on tip, 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Block 13 if changed, or an unital analysis.

SIGNATURE:

GRUHHRD JADRCKER