

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61500** (7)

1. Corporation Name

WMS (USA) MARINE SERVICES, INC.



Principal Place of Business

**2001 PALM BEACH LAKES BLVD., SUITE 203
WEST PALM BEACH FL 33409**

Mailing Address

**2001 PALM BEACH LAKES BLVD., SUITE 203
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**VAN LEEUWEN, PETER
2001 PALM BEACH LAKES BLVD., SUITE 203
WEST PALM BEACH FL 33409**

4. FEI Number

65-0206757 0356355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 607.0503, Florida Statutes.

SIGNATURE

Signature for change of office, change of agent, or both

(Public filing) Agent's signature required when transferring

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
1.2 NAME **VAN LEEUWEN, PETER**
1.3 STREET ADDRESS **2001 PALM BEACH LAKES BLVD., SUITE 203**
1.4 CITY-STATE-ZIP **WEST PALM BEACH FL 33409**

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in 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 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 as an attachment with an address.

SIGNATURE:

Peter van Leeuwen: PETER VAN LEEUWEN 1.18.96 407-688-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Year

CR2E034 (12/95)