

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66481** (5)
1. Corporation Name
TECHNIQUES IN OCEAN RECOVERY, INC.

Principal Place of Business: **1200 N.W. 29TH PLACE, SUNRISE FL 33322**
Mailing Address: **1200 N.W. 29TH PLACE, SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **09/23/1992**
3a. Date of Last Report: **09/22/1994**

2. Principal Place of Business
21 **5100 N. Federal Highway**
Suite, Apt. #, etc
22 **Suite 409**
City & State
23 **Ft. Lauderdale, FL**
Zip Country
24 **33308** 25 **USA**

2a. Mailing Address
26 **5100 N. Federal Highway**
Suite, Apt. #, etc
27 **Suite 409**
City & State
28 **Ft. Lauderdale, FL**
Zip Country
29 **33308** 30 **USA**

4. FEI Number: **65-0358060**
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
7. This corporation has liability for retroactive tax under S. 100-022, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LACKEY, CHARLES
7649 CORAL BLVD.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent
81 Name: **Larry Legel**
82 Street Address (P.O. Box Number is Not Acceptable): **5100 N. Federal Highway**
83 Suite: **Suite 409**
84 City: **Ft. Lauderdale, FL** 85 Zip Code: **33308**

11. Pursuant to the provisions of Sections 607.0503 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: *Larry Legel* DATE: **5/1/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKENZIE, DAVID R
STREET ADDRESS	12000 NW 29TH PLACE
CITY, ST, ZIP	SUNRISE FL
TITLE	VD
NAME	LACKEY, MARSHA
STREET ADDRESS	7649 CORAL BLVD
CITY, ST, ZIP	MIRAMAR FL
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. TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	Mackenzie, David R.	
1.1 STREET ADDRESS	4025 SW 15 Street	
1.1 CITY, ST, ZIP	Pompano Beach, FL 33069	
2. TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	Lackey, Charles W.	
2.1 STREET ADDRESS	19151 N. Bay Road	
2.1 CITY, ST, ZIP	N. Miami Beach, FL 33160	
3. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 NAME	Nelson Santos	
3.1 STREET ADDRESS	10803 SW 62 Terrace	
3.1 CITY, ST, ZIP	Miami, FL 33173	
4. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 NAME	Larry Legel	
4.1 STREET ADDRESS	5100 N. Federal Hwy., Suite 409	
4.1 CITY, ST, ZIP	Ft. Lauderdale, FL 33308	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME		
5.1 STREET ADDRESS		
5.1 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME		
6.1 STREET ADDRESS		
6.1 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Larry Legel* DATE: **5/1/95** (305) 493-8900
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR: **Larry Legel, Director**