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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90079 025 ***150.00

DOCUMENT # V66481

Corporation Name

Principal Place of Business

TECHNIQUES IN OCEAN RECOVERY, INC.

2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Mailing Address 2. Applied For 2. Not Applicable 2. Not Applicable 2. Soute, Apt. #, etc. 3. Certificate of Status Desired 3. Fee Required 4. FE! Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing 7. Trust Fund Contribution 7. Applied For 8. Total Applied For 9. Not Appl	402S SW 15TH ST 14104 SKYE TERRACE APT E 205 DELRAY BEACH FL 33446 POMPANO BEACH FL 33069 US					DO NOT WRITE IN TO	HIS SPACE		
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Zip									
MACKENZIE, DAVID R 4025 SW 15TH ST APT E 205 POMPAND BEACH FL 33069 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Florida. Statules agent agen						Personal Property Tax.	Yes	MNo	
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### A025 SW 15TH ST APT E 205 POMPANO BEACH FL 33069 ### City FL 85 Zip Code ### City FL 85 Zi	MACUTATE DAVID D			81	Name		•	ļ	
POMPANO BEACH FL 33069 84 City FL 85 Zip Code T1. 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 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, 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. NAME 40.25 SW 15 STREET, E-205 13. STREET ADDRESS COTY 57.2P 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY 57.2P 15. TITLE 16. Change Addition 16. Change Addition 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. NAME 19. NAME 10. Change Addition 19. NAME 10. Change Addition 19. NAME 10. Change Addition 19. NAME 19. NA	4025	SW 15TH ST			Street	Address (P.O. Box Number is Not Acceptable)			
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4. I 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, with all other like empowered.

SIGNATURE: KOLL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

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561-498-8654

R2F034 (11/98)