

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 701362 (6)  
1. Corporation Name  
RICHEY MARINE TRAINING AND RESCUE GROUP, INC.



Principal Place of Business Mailing Address  
3920 MARINE PARKWAY 3920 MARINE PARKWAY  
NEWPORT RICHEY FL 34652 NEWPORT RICHEY FL 34652-3142

3. Date Incorporated or Qualified 08/25/1960 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

4. FEI Number 59-2040641 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COVE, RICHARD J.  
8311 BAYSIDE DR.  
NEW PORT RICHEY FL 34652

81 Name scicchitano leon p.  
82 Street Address (P.O. Box Number is Not Acceptable) 5341 windward way  
83  
84 City new port richiey FL 85 Zip Code 34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE LEON P. SCICCHITANO 04/17/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | T/D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | COMBS, JOHN W.         |  |
| STREET ADDRESS | 8881 CATALPA DRIVE     |  |
| CITY-ST-ZIP    | N. PORT RICHEY FL      |  |
| TITLE          | P/D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | COVE, RICHARD J.       |  |
| STREET ADDRESS | 8311 BAYSIDE DRIVE     |  |
| CITY-ST-ZIP    | N. PORT RICHEY FL      |  |
| TITLE          | V/D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | SAPORITO, SALVATORE    |  |
| STREET ADDRESS | 5001 MARLIN DR.        |  |
| CITY-ST-ZIP    | N PORT RICHEY FL 34652 |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCCAIN, WALTER         |  |
| STREET ADDRESS | 11516 DURYEA AVE.      |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34688   |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | P/D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | SCICCHITANO, LEON P.     |  |
| 1.3 STREET ADDRESS | 5341 WINDWARD WAY        |  |
| 1.4 CITY-ST-ZIP    | N. PORT RICHEY FL.       |  |
| 2.1 TITLE          | T/D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | MORRIS BERNARD J.        |  |
| 2.3 STREET ADDRESS | 4908 MARLIN DR.          |  |
| 2.4 CITY-ST-ZIP    | N. PORT RICHEY FL.       |  |
| 3.1 TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | COVE RICHARD J.          |  |
| 3.3 STREET ADDRESS | 6311 BAYSIDE DR.         |  |
| 3.4 CITY-ST-ZIP    | N. PORT RICHEY FL.       |  |
| 4.1 TITLE          | V/D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | COLE, PATRICK G.         |  |
| 4.3 STREET ADDRESS | 4527 INGERSOL PL.        |  |
| 4.4 CITY-ST-ZIP    | N. PORT RICHEY FL. 34652 |  |
| 5.1 TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | BALAZS, JOHN C.          |  |
| 5.3 STREET ADDRESS | 4924 ANCHOR WAY          |  |
| 5.4 CITY-ST-ZIP    | N. PORT RICHEY FL. 34652 |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LEON P. SCICCHITANO REQUIRED 04/17/97 883-842-9482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067957

CR2E037 (9/96)