

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 04 1997 8:00 am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731206 (9)**  
 1. Corporation Name  
**DADE MARINE INSTITUTE, INC.**



Principal Place of Business <b>1820 ARTHUR LAMB JR. RD. KEY BISCAYNE FL 33149</b>	Mailing Address <b>1820 ARTHUR LAMB JR. RD. KEY BISCAYNE FL 33149-1035</b>
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3. Date Incorporated or Qualified <b>11/12/1974</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1561549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HULL, DAVID J  
227 SOUTH CALHOUN  
TALLAHASSEE FL 32302**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, ARNOLD S</b>	
STREET ADDRESS	<b>14611 SABEL DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014-2546</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>NORDLUND, JIM</b>	
STREET ADDRESS	<b>P.O. BOX 996076 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL 33299</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CASEY, MICHAEL W III</b>	
STREET ADDRESS	<b>200 SOUTH BISCAYNE BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>CLEMENTE, ANTHONY J</b>	
STREET ADDRESS	<b>4200 SALZEDO STREET SUITE 325</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, ROBERT S</b>	
STREET ADDRESS	<b>5915 BENJAMIN CENTER DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*SEE ATTACHMENT*

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, unchanged, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **ROBERT S WEAVER** 4/5/97 (813) 887-3300  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030719

CR2E037 (9/96)

## Dade Marine Institute South

1820 Arthur Lamb Road, Miami, FL 33149 -- Tel. (305) 361-7934 -- Fax (305) 361-9298

### Board of Trustees

#### Officers:

Chairman	Rosemary Barkett
President	Jeffrey Catanach
Vice President	V.T. Williams
Secretary/Treasurer	Loretta Fabricant

#### Board Members:

Ms. Mary Babcock  
6805 Riviera Drive  
Coral Gables, FL 33146  
Day: (305) 666-5341  
Fax: (305) 662-8718

Mr. Philip J. Barber (Phil)  
1132 Bulevar de Palmas  
Marathon, FL 33050  
Day: (305) 743-0033

The Honorable Rosemary Barkett **CR**  
U.S. Court of Appeals--11th Circuit  
Federal Justice Building  
99 N.E. 4th Street, #1262  
Miami, FL 33132  
Day: (305) 536-7335  
Fax: (305) 536-7382

Ms. Carol Eby Berg  
2710 Country Club Prado  
Coral Gables, FL 33134  
Day: (305) 662-7812

Mr. Mitchell R. Bloomberg  
Adorno & Zeder, P.A.  
2601 S. Bayshore Drive  
Suite 1600  
Miami, FL 33133  
Day: (305) 858-5555  
Fax: (305) 858-4777

Mr. Michael W. Casey, III  
Muller and Mintz  
3600 First Union Financial Center  
200 South Biscayne Boulevard  
Miami, FL 33131  
Day: (305) 358-5500  
Fax: (305) 379-3802

Mr. Jeffrey D. Catanach **PTR**  
Barnett Bank of South Florida, N.A.  
701 Brickell Avenue  
Miami, FL 33131  
Day: (305) 350-7018  
Fax: (305) 899-4119

Mr. Anthony J. Clemente  
Dade County Water & Sewer  
4200 Salzedo Street, Suite 325  
Coral Gables, FL 33146  
Day: (305) 665-7471  
Fax: (305) 669-3762

Mr. Luis A. de Armas  
Shutts and Bowen, P.A.  
100 Chopin Plaza  
Miami, FL 33131  
Day: (305) 358-6300  
Fax: (305) 381-9982

Ms. Loretta Fabricant, **CPA STR**  
100 SE 2nd Street  
Suite 3910  
Miami, FL 33131  
Day: (305) 371-2830  
Fax: (305) 358-3968

Mr. Charles A. Felton  
Metro-Dade Police Dept.  
9105 N.W. 25th Street #3107  
Miami, FL 33172  
Day: (305) 471-3257  
Fax: (305) 471-2621

The Honorable Seymour Gelber  
20 Island Avenue, Apt. 1408  
Miami Beach, FL 33139  
Day: (305) 673-7030  
Fax: (305) 673-7096

The Honorable William E. Gladston  
326 Palm Trail  
Delray Beach, FL 33483  
Day: (561) 274-0405

Dr. Armando J. Henriquez (Bookie)  
3615 Sunrise Drive  
Key West, FL 33040  
Day: (305) 294-1969

Mr. Joseph N. Hoyt (Joe)  
International Botanicals, Inc.  
541 San Esteban Avenue  
Coral Gables, FL 33146  
Day: (305) 258-3753  
Fax: (305) 258-4297

The Honorable Sandy Karlan  
Circuit Court Judge  
Juvenile Justice Center  
3300 N.W. 27th Avenue  
Miami, FL 33142  
Day: (305) 638-6229  
Fax: (305) 638-4042

Mr. William Klein  
20414 N.E. Tenth Court  
Miami, FL 33179  
Day: (954) 921-5454

Ms. Luli Landis  
1510 N. E. 105th Street  
Miami Shores, FL 33138  
Day: (305) 899-9631  
Fax: (305) 893-6595

Mr. William R. Myers (Bill)  
Barnett Bank of South Florida, N.A.  
701 Brickell Avenue  
Miami, FL 33131  
Day: (305) 789-3011 Direct Line  
Fax: (305) 789-3034  
Alt. (305) 350-7002

Ms. Tracy Nichols  
Holland & Knight  
701 Brickell Avenue, Suite 3000  
Miami, FL 33131  
Day: (305) 789-7717  
Fax: (305) 789-7799

Ms. Diana L. Parker  
Codina, Bush, Klein  
2 Alhambra Plaza  
Penthouse 2  
Coral Gables, FL 33134  
Day: (305) 520-2474  
Fax: (305) 520-2350

The Honorable Thomas Peterson  
Circuit Court Judge  
3300 N.W. 27th Avenue  
Miami, FL 33142  
Day: (305) 638-6873  
Fax: (305) 638-6042

Mr. Roderick N. Petrey  
Holland & Knight  
701 Brickell Avenue, Suite 3000  
Miami, FL 33131  
Day: (305) 789-7772  
Fax: (305) 789-7799

Mr. Robert A. Rosof  
4167 Northmeadow Circle  
Tampa, FL 33624  
Day: (813) 962-4062

Mr. Carl W. Smith  
The Smith Group  
P. O. Box 1239  
Coconut Grove, FL 33233  
Day: (305) 443-7397

Mr. William R. Snyder  
The Fortress  
1629 N.E. 1st Avenue  
Miami, FL 33132  
Day: (305) 374-6161 Ext. 140  
Fax: (305) 372-5273

Mr. Robert S. Weaver (Bob) **D**  
Associated Marine Institutes  
5915 Benjamin Center Drive  
Tampa, FL 33634  
Day: (813) 887-3300  
Fax: (813) 889-8092  
Alt. ( ) 542-4888 SUNCOM

Major Tom Wheeler  
Florida Department of Alcoholic  
Beverages and Tobacco  
8685 N.W. 53rd Terrace, Suite 100  
Miami, FL 33166  
Day: (305) 470-6783  
Fax: (305) 470-5074

Mr. V.T. Williams **VTR**  
BellSouth Business Systems  
7740 N.W. 50th Street, Bldg. B-2  
Miami, FL 33166  
Day: (305) 569-7282  
Fax: (305) 884-8239

Professor John A. Wrieden  
School of Accounting  
Florida International University  
University Park Campus  
Miami, FL 33199  
Day: (305) 348-2581  
Fax: (305) 348-2914  
Alt. (305) 348-3276

Mr. Warren Zeiller  
160 US Highway 1  
Florida City, FL 33034  
Day: (305) 245-9180  
Fax: (305) 247-4335

**Honorary Member**

Mr. Frank E. Egger  
Cal Kovens Construction  
1301 Dade Blvd  
Miami Beach, FL 33139  
Day: (305) 673-5800  
Fax: (305) 531-2273

Dr. Manuel E. Garcia  
7500 S.W. 8th Street, Suite 204  
Miami, FL 33144  
Day: (305) 262-0000  
Fax: (305) 262-2937

Mr. Joseph M. Kolisch  
J.M. Kolisch Insurance, Inc.  
90 Almeida Avenue  
Coral Gables, FL 33134  
Day: (305) 447-8600  
Fax: (305) 447-0209

The Honorable M. Ignatius Lester  
P.O. Box 1648  
Key West, FL 33040  
Day: (305) 292-3580

Mr. Herbert B. Margolis  
DSG, Inc.  
P.O. Box 640495  
North Miami Beach, FL 33164  
Day: (305) 787-1470  
Fax: (305) 787-1456

Mr. Charles H. Matthews, Sr.  
Underwater Unlimited, Inc.  
4633 S. LeJune Road  
Miami, FL 33146  
Day: (305) 445-7837  
Fax: (305) 445-7839

Mr. Kenneth M. Myers  
Squires, Sanders & Dempsey  
201 South Biscayne Boulevard  
Miami Center, Suite 300  
Miami, FL 33131  
Day: (305) 577-8700  
Fax: (305) 358-1425

The Honorable Frank A. Orlando  
Center for the Study of Youth Policy  
Shepard Broad Law Center  
3305 College Avenue  
Ft. Lauderdale, FL 33314  
Day: (954) 452-6239  
Fax: (954) 452-6241

Mr. Pete Perdue  
Perdue-Dean, Inc.  
2 Fishing Village Drive  
Ocean Reef Club  
Key Largo, FL 33037  
Day: (305) 367-2661  
Fax: (305) 367-3405

Commissioner E. Guy Revell, Jr.  
2020 Winthrop Way  
Tallahassee, FL 32312  
Day: (904) 385-4018  
Alt. ( ) 278-2158 SUNCOM