


FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N37855 (6)
1. Corporation Name
MBE CONSTRUCTION AND MARINE INSTITUTE, INC. (A N
OT-FOR-PROFIT EDUCATIONAL AND RESEARCH FOUNDATIO



Principal Place of Business Mailing Address
P.O. BOX 265279 DAYTONA BEACH FL 32116-5279 US
P.O. BOX 265279 DAYTONA BEACH FL 32116-5279 US

3. Date Incorporated or Qualified 04/25/1990
4. FEI Number 59-3009908 Applied For Not Applicable
6. Certificate of Status Desired \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 32126 25 29 32126 30

Post office CHANGED the Zip.

9. Name and Address of Current Registered Agent
SICILIA, TERRENCE R
4 PALM DR
ORMOND BEACH FL 32176

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 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 _____ DATE 02 Feb 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONN, MELYSSE L	
STREET ADDRESS	380 BRIMFIELD COURT	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUBIN, WALTER L	
STREET ADDRESS	475 HAMMOCK LANE	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SICILIA, TERRENCE R	
STREET ADDRESS	4 PALM DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CROWE, DALE C.	
1.3 STREET ADDRESS	4015 CREST RIDGE DR.	
1.4 CITY-ST-ZIP	NEW SMYRNA, Bch, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRASS, EDWARD B.	
2.3 STREET ADDRESS	17 BRANDY HILLS, DR.	
2.4 CITY-ST-ZIP	PORT ORANGE, Florida	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	5000024304 15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/13/98--01032--021	
6.3 STREET ADDRESS	***70.00	
6.4 CITY-ST-ZIP		

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 02 Feb 1998

CR2E037 (10/97)