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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41781 (8)

1. Corporation Name
ORLANDO MARINE INSTITUTE, INC.



Principal Place of Business 7500 SILVER STAR ROAD ORLANDO FL 32818	Mailing Address 7500 SILVER STAR ROAD ORLANDO FL 32818
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3. Date Incorporated or Qualified
01/15/1991

4. FEI Number
59-3045041

Applied For
 Not Applicable

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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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. 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

9. Name and Address of Current Registered Agent

**HULL, DAVID J
 AUSLEY LAW FIRM
 227 SOUTH CALHOUN ST.
 TALLAHASSEE FL 32302**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOPPOLO, JR FRANK	1.2 NAME	<i>See Attachment</i>
STREET ADDRESS	111 N ORANGE AVENUE STE 2050	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
TITLE	STTR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, MERCEDES F	2.2 NAME	
STREET ADDRESS	1601 S ORANGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, CAROLINE	3.2 NAME	
STREET ADDRESS	1912-B LEE RD STE C2	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDER, O.B.	4.2 NAME	
STREET ADDRESS	5915 BENJAMIN CTR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
TITLE	VCTR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, HERBERT L	5.2 NAME	
STREET ADDRESS	649 W LIVINGSTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER ROBERT (BOB) S	6.2 NAME	
STREET ADDRESS	5915 BENJAMIN CENTER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE			

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: Robert S. Weaver Date: 4/23/98 Daytime Phone: 813-887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

Orlando Marine Institute

1461 South Lake Pleasant Rd., Apopka, FL 32703 -- Tel. (407) 886-5404 -- Fax (407) 886-7022

Board of Trustees

Mr. Alexander D., Butler
PaineWebber Inc.
111 North Orange Avenue
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Day: (407) 425-4600
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~~Mr. Roger E. Chapin
Vice Chairman
Darden Restaurants, Inc.
Government Relations
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Orlando, FL 32859-3330
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Fax: (407) 245-4462~~

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Pelligrini Home Builders
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Fax: (407) 363-9090

Mr. Reinaldo Rivero (Ray)
Orlando Police Department
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Associated Marine Institutes
5915 Benjamin Center Drive
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Alt. () 542-4888 Suncom

Representative William Sublette
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Mr. Herbert L. Washington
Chairman
Community & Youth Services
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