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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002419

1. Corporation Name
MARINE CAREER INSTITUTE, INC.

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| Principal Place of Business 4414 WHITTON WAY NEW PORT RICHEY FL 34653 | Mailing Address P.O. BOX 2078 PALM HARBOR FL 34682 |
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|--|---|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 3. Date Incorporated or Qualified 05/19/1995 | 4. FEI Number 59-3316743 | Applied For Not Applicable |
| Country 25 | Country 30 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

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| 9. Name and Address of Current Registered Agent MYERS, FRANK K. 4414 WHITTON WAY NEW PORT RICHEY FL 34653 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 *Frank K. Myers* DATE *3-6-99*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MYERS, FRANK K 4414 WHITTON WAY NEW PORT RICHEY FL 34653 | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, STEVEN K 4414 WHITTON WAY NEW PORT RICHEY FL 34653 | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, ROSALEA B 4414 WHITTON WAY NEW PORT RICHEY FL 34653 | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Shoreen L. Dowd Now</i> <i>4414 Whitton Way</i> <i>New Port Richey FL 34653</i> | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: *Shoreen L. Dowd Now* 727-937-5924

CR2E037 (11/98)