

FILE NOW: FILING FEE IS \$61.25

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Apr 28 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 # 704353 (2)
1. Corporation Name
GULFPORT MARINE TRAINING & RESCUE GROUP, INC.



Principal Place of Business 3120 MIRIAM ST. SO. GULFPORT FL 33711	Mailing Address % PETER T. MASOC. SE.C 4070 48 AVE S ST. PETERSBURG FL 33711 US
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3. Date Incorporated or Qualified 07/31/1962	
4. FEI Number 59-3249861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, PETER J
4070 48TH AVE SO
ST PETERSBURG FL 33711**

81 Name Edwin C Eggert Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 6480 Emerson Ave. S.
83 St. Petersburg, Fl. 33707
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 *Edwin C. Eggert Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SMITH, PETER M	
STREET ADDRESS 5311 4TH AVENUE SOUTH	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME MASON, PETER J	
STREET ADDRESS 4070 48TH AVENUE SOUTH	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE DP	<input type="checkbox"/> DELETE
NAME EGGERT, EDWIN C	
STREET ADDRESS 6480 EMERSON AVENUE SOUTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME WALTON, WILFRED E	
STREET ADDRESS 10790 DELPRADO DRIVE WEST	
CITY-ST-ZIP LARGO FL	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME TRINQUE, ARTHUR	
STREET ADDRESS 2818 46TH ST. S.	
CITY-ST-ZIP GULFPORT FL 33711	
TITLE DV	<input type="checkbox"/> DELETE
NAME MCQUADE, CAROLA	
STREET ADDRESS 1876 NORFOLK STREET NORTH	
CITY-ST-ZIP ST PETERSBURG FL 33710	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Harry Deutsch	
1.3 STREET ADDRESS 10399 67th Ave. N	
1.4 CITY-ST-ZIP Seminole, Fl. 34462	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Nathaniel Brittingham	
2.3 STREET ADDRESS 2013 Beach Blvd.	
2.4 CITY-ST-ZIP Gulfport, Fl. 33707	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Agustin Gonzalez	
3.3 STREET ADDRESS 3010 Collins St.	
3.4 CITY-ST-ZIP Tampa, Fl. 33607	
4.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Arthur Trinque	
4.3 STREET ADDRESS 2818 46th St. S.	
4.4 CITY-ST-ZIP Gulfport, Fl. 33711	
5.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Adrian McQuade	
5.3 STREET ADDRESS 1926 Norfolk St. N.	
5.4 CITY-ST-ZIP St. Petersburg, Fl. 33710	
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 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 in an attachment with an address.

SIGNATURE: *Edwin C. Eggert Jr.* 4-18-98 213-347-9293

CP2E037 (10/97)