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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704353

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, SEC
4070 48 AVE S
ST. PETERSBURG FL 33711
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 6480 EMERSON AVE S.	07/31/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3249861
City & State	City & State	Applied For
23	28 St. Petersburg, Fl	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29 33707	30 Pinellas
25	30	8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing
EGGERT, EDWIN C JR 6480 EMERSON AVE S ST PETERSBURG FL 33707		Trust Fund Contribution
		5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

81 Name	EDWIN C. EGGERT JR.
82 Street Address (P.O. Box Number is Not Acceptable)	6480 Emerson Ave, S.
83	
84 City	St. Petersburg FL
85 Zip Code	33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DEUTSCH, HARRY	1.2 NAME	SMITH, BARON
STREET ADDRESS	10399 67TH AVE N	1.3 STREET ADDRESS	2627 52nd St.S., Gulfport, Fl. 33707
CITY-ST-ZIP	SEMINOLE FL 34462	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BRITTINGHAM, NATHANIEL	2.2 NAME	
STREET ADDRESS	2013 BEACH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	EGGERT, EDWIN C	3.2 NAME	
STREET ADDRESS	6480 EMERSON AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GONZALEZ, AGUSTIN	4.2 NAME	
STREET ADDRESS	2818 46TH ST S	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33607	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	TRINQUE, ARTHUR	5.2 NAME	
STREET ADDRESS	2818 46TH ST. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33711	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	
NAME	MCQUADE, CAROLA	6.2 NAME	
STREET ADDRESS	1876 NORFOLK STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 MAR 99

Date

727-347-9283

Daytime Phone #

CR2E037 (11/98)