2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # 731206 ARINE INSTITUTE, INC.						_)34 ****61	
Principal Place of Business 1820 ARTHUR LAMB JR. RD. MIAMI, FL 33149		Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR TAMPA, FL 33634				1		IKIBK 81 1984	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232007	Chg-NP	CR2E	037 (12/06)		
City & Stat	e .	City & State			4. FEI Number 59-1561			_ 	oplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	f Status Desire	d 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of Nev	w Registered	l Agent	
HULL, DA				Name					
225 WATE	ER STREET, STE. 1800 IVILLE, FL 32202		Street Address (ess (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
				City			F	L Zip Cod	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing	its registered	d office or reg	gistered agent, or both	, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered	Agent signature re	couired when reinstation)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a				equired when reinstating)		DATE	ak manahin s	
SIGNATURE .	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2007	9. Election C		nancing	\$5.00 May Be Added to Fees	, F	Make che	ck payable to	
SIGNATURE	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign Fir	nancing	\$5.00 May Be	F	Make che lorida Depa	artment of Si	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is free 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 10 or Block 11 if changed, or on an attacpment amplian address with all other like empowered.

Date

Davtime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: