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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90014 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001245**

1. Corporation Name

**NEW ENGLAND INSTITUTE OF MARITIME STUDIES, INC.**

Principal Place of Business

1120 SO. FEDERAL HWY. STE. 4  
FT. LAUDERDALE FL 33316

Mailing Address

1120 SO. FEDERAL HWY. STE. 4  
FT. LAUDERDALE FL 33316



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/15/1995</b>	
21		26		4. FEI Number <b>58-2132818</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PETERSON, HAMPTON C</b> <b>1120 SO. FEDERAL HWY, STE. 4</b> <b>FT. LAUDERDALE FL 33316</b>				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

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	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PCD	1.1 TITLE	
NAME	PETERSON, HAMPTON C	1.2 NAME	
STREET ADDRESS	1120 S. FEDERAL HWY., STE. 4	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	SDT	2.1 TITLE	<b>SDT</b>
NAME	PETERSON, ANGELIQUE	2.2 NAME	<b>PETERSON, Angelique</b>
STREET ADDRESS	2100 S OCEAN DR, 11CD	2.3 STREET ADDRESS	<b>1120 S. Federal Hwy, Ste 4</b>
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>
TITLE	D	3.1 TITLE	
NAME	PETERSON, VERNA M	3.2 NAME	
STREET ADDRESS	1120 S. FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 954 523 6133

Date

Daytime Phone #

CR2E037 (11/98)