


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90047 036 ****61.25

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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 # F97000006840

1. Corporation Name

INTERNATIONAL MARINA INSTITUTE, CORPORATION

Principal Place of Business

720 W. ALBEE RD
 NOKOMIS FL 34275

Mailing Address

720 W. ALBEE RD
 NOKOMIS FL 34275

93828 90047 36



| | | |
|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 12/24/1997 4. FEI Number 22-2761173 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 |
|--|---|---|

9. Name and Address of Current Registered Agent

DODSON, PAUL E
1420 BRENNER PARK DR
VENICE FL 34292

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 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 | |
|----------------------------|---|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLF, CARL | 1.2 NAME | Larry Halgren |
| STREET ADDRESS | 701 E. WATER ST | 1.3 STREET ADDRESS | 1001 "C" St. |
| CITY-ST-ZIP | SANDUSKY OH 44870 | 1.4 CITY-ST-ZIP | Bellingham, WA 98227 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DODSON, PAUL E | 2.2 NAME | Douglas Beachem |
| STREET ADDRESS | 720 W. ALBEE RD | 2.3 STREET ADDRESS | 6700 Holiday Rd. |
| CITY-ST-ZIP | NOKOMIS FL 34275 | 2.4 CITY-ST-ZIP | Buford, CA 30518 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DUNN, RICHARD | 3.2 NAME | Harry Nieman |
| STREET ADDRESS | STEPHENS MARINE | 3.3 STREET ADDRESS | 4747 Meadowgreen Dr. |
| CITY-ST-ZIP | STICKTON CA 95201 | 3.4 CITY-ST-ZIP | Pittsburgh, PA 15236 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMARAL, MARK | 4.2 NAME | Carl Wolf |
| STREET ADDRESS | 19 UPPER COLLEGE RD | 4.3 STREET ADDRESS | 701 East Water St. |
| CITY-ST-ZIP | KINGSTON RI 02881 | 4.4 CITY-ST-ZIP | Sandusky, OH 44870 |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | Melanie Tank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALGREN, LARRY | 5.2 NAME | 10A East Oak St. |
| STREET ADDRESS | 1001 C ST | 5.3 STREET ADDRESS | Alexandria, VA 22301 |
| CITY-ST-ZIP | BELLINGHAM WA 98227 | 5.4 CITY-ST-ZIP | |
| TITLE | Director <input checked="" type="checkbox"/> DELETED <input checked="" type="checkbox"/> ADDITION | 6.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dennis Nixon | 6.2 NAME | Richard Dunn |
| STREET ADDRESS | University of Rhode Island | 6.3 STREET ADDRESS | P.O. Box 670 |
| CITY-ST-ZIP | Kingston, RI 02881 | 6.4 CITY-ST-ZIP | Stockton, CA 95201 |

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

1/13/99

941 480 1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #