FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State
06-21-1999 90002 008 ****61.25

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DOCUMENT # N03173

1. Corporation Name

HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, INC.

578104 - 90002 - 8

Principal Place of Business	Mailing Address
299 BOCO CIEGA DR MADEIRA BCH FL 33708 US	299 BOCO CIEGA DR MADEIRA BCH FL 33708 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/18/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2834825 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULTZ, ALONZO 2874 ROSEMARY DR. LARGO FL 33770	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KEATING, BRENDA		1.2 NAME	Doiney, Leonard	
STREET ADDRESS	8780 79TH PL. N.		1.3 STREET ADDRESS	7289 79th ST. N.	
CITY-ST-ZIP	SEMINOLE FL 33777		1.4 CITY-ST-ZIP	Pinellas Park FL 33781	
TITLE	DOLN	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	EY, LEONARD		2.2 NAME	Rimel, Donald	
STREET ADDRESS	7289 79TH ST. N.		2.3 STREET ADDRESS	6320 57th Ave. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781		2.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, ANN		3.2 NAME		
STREET ADDRESS	401 150TH AVE., APT. 232		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EATON, BONNIE		4.2 NAME		
STREET ADDRESS	203 132ND AVE. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, KENNETH		5.2 NAME		
STREET ADDRESS	401 150TH AVE., APT. 232		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RIMEL, DON		6.2 NAME	Keating, Brenda	
STREET ADDRESS	6320 57TH AVE. N.		6.3 STREET ADDRESS	8780 79th PL. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709		6.4 CITY-ST-ZIP	Seminole, FL 33777	

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 Alonzo Schultz 3-5-99 (727) 587-7873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)