


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37855 (6)

1. Corporation Name
MBE CONSTRUCTION AND MARINE INSTITUTE, INC. (A N
OT-FOR-PROFIT EDUCATIONAL AND RESEARCH FOUNDATIO

Principal Place of Business P.O. BOX 265279 DAYTONA BEACH FL 32116-5279 US	Mailing Address P.O. BOX 265279 DAYTONA BEACH FL 32116-5279 US
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3. Date Incorporated or Qualified 04/25/1990	4. FEI Number 59-3009908	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32126	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32126
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Post office
CHANGED
the Zip.

6. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SICILIA, TERRENCE R
4 PALM DR
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE 02 Feb 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CONN, MELISSA L
STREET ADDRESS	380 BRIMFIELD COURT
CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KUBIN, WALTER L
STREET ADDRESS	475 HAMMOCK LANE
CITY-ST-ZIP	ORMOND BCH FL 32176
TITLE	D <input type="checkbox"/> DELETE
NAME	SICILIA, TERRENCE R
STREET ADDRESS	4 PALM DR.
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CROWE, DALE C.
1.3 STREET ADDRESS	4015 CREST RIDGE DR.
1.4 CITY-ST-ZIP	NEW SMYRNA, Bch, FL 32168
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRASS, EDWARD B.
2.3 STREET ADDRESS	17 BRANDY HILLS, DR.
2.4 CITY-ST-ZIP	PORT ORANGE, Florida 32119
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE _____ DATE 02 Feb 1998

CR2E037 (10/97)