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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003747 (2)

EAST ORLANDO MARINE INSTITUTE, IN	FAST	ORLANDO	MARINE	INSTITUTE,	INC.
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LAUT	SHEARDS HERMITE MOTOR				
Principal Place of Business Mailing Address				f stideren din Ibist dinte baset dazer a	Brit Bille Bhide tinis shart bidis iddi iggi.
6049 RANDOLPH ST. ORLANDO FL 32809 6049 RANDOLPH ST. ORLANDO FL 32809					
				3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last Report 05/01/1995
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3257953	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ite	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes 10. Name and Address of New R	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New A	egisto.ee Agent
MACFA! TALLAH	CALHOUN ST. RLANE, AUSLEY, ET AL. HASSEE FL 32302		83 84 City	ress (P.O. Box Number is Not Acceptab oration submits this statement for the pul ard of directors. I hereby accept the app	FL 85 Zip Code
or regist familiar v SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS PD SAATHOFF, DWIGHT D	ection 617.0503, Florida Statutes.	E Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		DATE ICERS AND DIRECTORS IN 12 Change Addition
CITY - ST - ZIP	ORLANDO FL 32801	□ NOFLETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	VD	Doerese	2.1 TITLE 2.2 NAME		,
NAME	CARDWELL, J. THOMAS		23 STREET ADDRESS		
STREET ADDRES			2. 4 CITY-ST-ZIP		
CITY-ST-ZIP	ORLANDO FL 32805	DELETE	3.1 TITLE		Change Addition
TITLE	STD	/	3.2 NAME		
NAME STREET ADDRESS	STANDER, O.B. 5915 BENJAMIN CENTER	ng/	3.3 STREET ADDRESS		
STREET ADDRES	TAMPA FL 33634		34 CITY-ST-ZIP		The state of the s
TITLE	/AMI ATE OGGS!	DELETE	4.1 TITLE	2022217	Change Addition
NAME			4 2 NAME	2000017 -04/17/9601	8433 <i>C</i> 000025
STREET ADDRES	ss		4.3 STREET ADDRESS	***61.25	000 023
CITY - ST - ZIP			4.4 CITY - ST - ZIP	***************************************	Change Addition
TITLE		DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRES	[35]		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELEVE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		Doctor	62 NAME		\V 1
NAME	1/	\	6.3 STREET ADDRESS		ノルバ
STREET ADDRE		·			•
CITY-ST-ZIP		and with this line is voluntarily furn	nished and does not qualif	y for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
14. I do he certify oath; tappea	ereby certify that the information support that the information indicated on this that I am an officer or director of the c ars in Block 12 or Block 13 if phanged	annual report or supplemental and corporation or the receiver or trusted or on an attachment with an acid	nual report is true and acci ne empowered to execute ress.	y for the exemption stated in Section 11 urate and that my signature shall have the this report as required by Chapter 617,	ne same legal effect as if made und Florida Statutes; and that my name

SIGNATURE:

ROBERT 5. WEAVER 4/8/96 (813)8873300

EAST ORLANDO MARINE INSTITUTE

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