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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000003747

1. Corporation Name
EAST ORLANDO MARINE INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~6049 RANDOLPH ST.~~ ~~ORLANDO FL 32809~~	~~6049 RANDOLPH ST.~~ ~~ORLANDO FL 32809~~

2. Principal Place of Business
21 1461 Silk Lake Resort Rd
22 Suite, Apt. #, etc.
23 City & State: Apopka, FL
24 Zip: 32703 25 Country: US

2a. Mailing Address
Associated Marine Institutes
5915 Benjamin Center Drive
27 City & State
28 Tampa, FL 33634
29 Zip 30 Country

3. Date Incorporated or Qualified: 07/28/1994 Change
4. FEI Number: ~~59-3257953~~ 59-3045041 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HULL, DAVID J
227 S. CALHOUN ST.
MACFARLANE, AUSLEY, ET AL.
TALLAHASSEE FL 32302

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 _____ 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		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, ALEXANDER D		1.2 NAME	
STREET ADDRESS	111 NORTH ORANGE AVE, STE 300		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FARRELL, MARCIE		2.2 NAME	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 3271[illegible]		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTMANN, CHARISSA L		3.2 NAME	
STREET ADDRESS	390 N ORANGE AVE, STE 1700		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801-1671		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	IOPPOLO, JR FRANK		4.2 NAME	
STREET ADDRESS	111 N ORANGE AVE, STE 2050		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCALL, MERCEDES F		5.2 NAME	
STREET ADDRESS	5551 VANGUARD STREET, STE 1000		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MEARS, III PAUL		6.2 NAME	
STREET ADDRESS	324 WEST GORE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806		6.4 CITY-ST-ZIP	

See attached list

03-22-1999 90111 002 61.25

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 added by attachment with an address, with all other like empowered.

SIGNATURE: Robert Weaver 2/19/99 (813) 887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)