FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # N9500002419 (8) MARINE CAREER INSTITUTE, INC.					
Principal Place o	f Business	Mailing Address			-
1308 CROSSBO TARPON SPRIN	P.O. BOX 271 PALM HARBOR FL 34682				
					3. Date Incorporated or Qualified 05/19/1995 3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 33 / & 743 Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
2		27			- ree required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
3 Zip	Country	Zip	Cou	ntry	8. This corporation has liability for intangible tax under s. 199.032,
4	25	29	30		Florida Statutes Service No. 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent		81 Name	DOLLY V MILERS
THE I AW	FIRM OF LAWRENCE J SPIEG	EL CHRTD		82 Street Adda	Less IP.Q. Box Number is Not-Acceptable).
343 ALME	ERIA AVENUE			/6	35 P. Box Numbers Not Acceptance LANE
CORAL GABLES FL 33134				83	ARAON SPRINGS
			l	84 City	1 1 FI 85 ZID 500 8 9
44 - 0	the provisions of Sections 617 0502	and 617 1508 Florida Statute	s, the abo	ve-named corpor	ration submits this statement for the purpose of changing its registered office
or registere	of agent, or both, in the State of Florid	ta. Such change was authorized 617 0500 Einrida Statutes	ed by the	corporation's boa	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
~	n, and accept the obligations of Sect	MALL	,		1-18-96
SIGNATURE _	Signature, typed or printed name of registered agent	2 to the mappings of		Agent signature require	ad when reinstating) DATE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS \ /	13.	TLE	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	MYERS, FRANK K		1.2 N	AME	
STREET ADDRESS		·		TREET ADDRESS	
City-ST-ZIP	TARPON SPRINGS FL 34689		140	ITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	DELETE	2 1 T		Cusude T vanion
NAME	MYERS, ROSALEA B			AME	
STREET ADDRESS	1308 CROSSBOW LANE TARPON SPRINGS FL 34689			TREET ADDRESS	
CITY-ST-ZIP			311		Change Addition
TITLE NAME	MYERS, STEVEN K			IAME	
STREET ADDRESS	1308 CROSSBOW LANE		338	TREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689			CITY-ST-ZIP	DA DAJE.
TITLE	□ DELETE 4.1		4.1 7] Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP	DELETE			CITY-ST-ZIP FITLE	☐ Change ☐ Addition
TITLE				NAME	
NAME expect anomics				STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP				CITY-ST-2IP	
TITLE	DELETE		61	TITLE	☐ Change ☐ Addition
NAME			62	NAME	
STREET ADDRESS			63	STREET ADDRESS	
CITY-ST-ZIP		1 10 11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1		CITY-ST-ZIP	for the exemption stated in Section 1/19 07(3)(k). Florida Statutes, 1 further
14. I do hereb certify that oath; that appears in	by certify that the information supplied at the information indicated on this an I I am an officer or director of the corp in Block 12 or Block 13 if changed, or	i with this filing is voluntarily fur hual report or supplemental and coration or the receiver or trush on an attachment with an add	nisneu and nual repor ee ampow fress	is true and accurrent to execute t	y for the exemption stated in Section 1/19.07(3)(k), Florida Statutes. I further trate and that my signature shall have the same legal effect as if made under this report as required by Chapter 617, Florida Statutes; and that my name