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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name N95000002419 (8)

MARINE CAREER INSTITUTE, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			f idefilde fin jeher grift geint girtf gebin dente dette trait mid ft jrein rate tont		
1308 CROSSE TARPON SPR	OW LANE INGS FL 34689	P.O. BOX 271 Palm Harbor FL 3468	P.O. BOX 271 PALM HARBOR FL 34682-0271					
				3. Date Incorporated or Qualified 05/19/1995	3s. Date of Le 04/24	ast Report 1/1996		
2. Principa! Place of Business 2a. Mailing Add			dress		4. FEI Number		Applied For	
21		26		·····	59-3316743 Not Applicab		Not Applicable	
Suite, Apt. #, etc.		— — · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional	
22		27	·········				e Required	
City & State		├ ─ '	City & State		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip	Countr	v	8. This corporation has liability to			
24	25	29	30	•		Yes No	101 6. 199.002,	
E-7	9. Name and Address of Curi		1001		10. Name and Address of New F			
			81	Name				
MYERS	S, FRANK K.		B2	Street A	ddress (P.O. Box Number is Not Accepte	ahle)		
	ROSSBOW LANE		L		adiobo (i io. box italibal la tratilidada).			
	N SPRINGS FL 34689		82					
1			84	City		- 85	Zip Code	
			<u> </u>		corporation submits this statement for the	FL	,	
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable. (NC	OTE: Registered A	ent signature r	equired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Cha	ange 🔲 Addition	
NAMÉ	MYERS, FRANK K		1.2 NAME					
STREET ADDRESS	(1.3 STREE	T ADDRESS				
DITY-ST-ZIP	TARPON SPRINGS FL 346	89	1.4 CiTY-	,		57 a	11.000	
TITLE	0	DELETE	2.1 TITLE		Sharen L. Down 0742 W 800 N MONTgolier, IN.	Jour Kar	ange 🔲 Addition	
NAME	MYERS, ROSALEA B		2.2 NAME		ATUZ WI ROOM			
STREET ADDRESS	1308 CROSSBOW LANE FARPON SPRINGS FL 346	90		T ADDRESS	Adapt able The	112.18		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY 3.1 TITLE	-	MICH BELLER TOLL	7 1390 □ Cha	ange Addition	
NAME	MYERS, STEVEN K	<u></u>	3.2 NAME		- -			
STREET ADDRESS				T ADDRESS			· i	
CITY-\$1-ZIP	TARPON SPRINGS FL 346	89	3.4. CITY				4	
TITLE		DELETE	4.1 TITLE			Cha	ange Addition	
NAME			4. 2 NAM	E				
STREET AODRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY				1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
TITLE		☐ DELETE	5.1 TITLE	1		L Cha	ange Addition	
NAME			5.2 NAME	ı			•	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-		· · · · · · · · · · · · · · · · · · ·	Cha	ange Addition	
TITLE		T ntrest	6.1 TITLE			Land Office	niño 🗂 udounoi	
NAME STREET ADORESS			6.2 NAME	T ADDRESS				
			6.4 CITY					
CITY-SI-ZIP	eby certify that the information supp	lied with this filing does not due			ated in Section 119 07(3)(i) Florida Statu	tes I further certify	that the	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amount 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 confection 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 of Block 12 if changed, or on an attachment with an address.

SIGNATURE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 813-937-5924