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May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF  
Sandra B. Mor  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002419 (8)

1. Corporation Name  
MARINE CAREER INSTITUTE, INC.

Principal Place of Business\* Mailing Address  
4414 Whitton Wy P.O. BOX 2079  
New Port Richey, FL 34653 PALM HARBOR FL 34682

3. Date incorporated or Qualified  
05/19/1995

2. Principal Place of Business 2a. Mailing Address

4. FEL Number  
59-3316743

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired

22 City & State 27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible  
Florida Statutes  Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK K. MYERS  
4414 Whitton Wy.  
New Port Richey, FL  
34653

B1 Name  
B2 Street Address, P.O. Box, No. or No. Acreage/Portion  
B3  
B4 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of certifying that the information contained herein is true and accurate and that my appointment as registered agent in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment and agree to accept the obligations of Sections 617.0502 and 617.1808, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PSTD  DELETE  
NAME MYERS, FRANK K  
STREET ADDRESS 4414 Whitton Wy  
CITY-ST-ZIP New Port Richey, FL 34653  
TITLE D  DELETE  
NAME MYERS, ROSALEA B  
STREET ADDRESS 4414 Whitton Wy  
CITY-ST-ZIP New Port Richey, FL 34653  
TITLE D  DELETE  
NAME MYERS, STEVEN K  
STREET ADDRESS 4414 Whitton Wy  
CITY-ST-ZIP New Port Richey, FL 34653  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

200002525852  
05/15/98--01081--010  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fla. Stat. I certify that the information contained in this annual report or supplemental annual report is true and accurate and that my appointment as registered agent in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment and agree to accept the obligations of Sections 617.0502 and 617.1808, Florida Statutes.

SIGNATURE: Frank K. Myers, Director 5/1/98