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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96000001600 (3)

1. Corporation Name

NATIONAL DONATIONS INSTITUTE INC. D.B.A.
NATIONAL MARINE INSTITUTE

Principal Place of Business	Mailing Address
1100 SE 5TH CT., STE. 27 POMPANO BEACH FL 33060	1100 SE 5TH CT., STE. 27 POMPANO BEACH FL 33060-8160

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0648011 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAGE, JOHN E
1100 SE 5TH CT., STE. 27
POMPANO BEACH FL 33060

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	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PAGE, JOHN E		1.2 NAME	GALLAGHER, LAURA M.	
STREET ADDRESS	1100 S.E. 5TH COURT, #27		1.3 STREET ADDRESS	744-4 N.E. 12TH TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE	~~SD~~	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	~~JOHNSON, KEVIN~~		2.2 NAME	MARS, STEPHANIE	
STREET ADDRESS	~~6507 BAY CLUB DR., BLDG. 16, UNIT 4~~		2.3 STREET ADDRESS	4050-26TH AVE. NO.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33308~~		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33713	
TITLE	~~D~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~JOHNSON, CHARLES H~~		3.2 NAME		
STREET ADDRESS	~~6507 BAY CLUB DR., BLDG. 16, UNIT 4~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33308~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: [signature] 954-