FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600005111

THE MARINE CORPS HOSTEL, INC.

ì	Prin	cipal	Place	of Bus	inés:

10005 BAY PINES BLVD

SAINT PETERSBURG FL 33708

Mailing Address

P.O. BOX 3877 BAY PINES FL 33744

FILED Jan 28, 1999 8:00am **Secretary of State**

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	Principal Place of Bu	iness () 2a. Mailing Address	15	3. Date Incorporated or Qualifed				
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	Suite, Apt. #, etc. ↓	Suite, Apt. #, etc.	Iré	.4. FEI Number Applied For				
22		27	-1 +1 #44	59-3404369 Not Applicable				
	City & State	City & State	Via.	5. Certificate of Status Desired 15.				
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	Zip	Country Zip Cou	ntry	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24		25 29 30	:	Trust Fund Contribution Added to Fees				
	9. Nan	e and Address of Current Registered Agent	10. Name and Address of New Registered Agent					
	等基础基础		81 Name					
77	AMERILAWYER CH	ARTERED	82 Street Addres					
7	343 ALMERIA AVEN	NE 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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CORAL GABLES FL 33134

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.

12	6 A 19	OFFICERS AND DIRECTORS	,	13.		ADDITIO	NS/CHANGE	S TO OFFICERS A	ND DIRECTO	RS IN 12
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14. Thereby 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 arrival report or suppliemental 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

Zip Code