FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004369 (1)				
THE MARITIME INSTITUTE, INC.				
1115 (41	ANITIME INSTITUTE; INS.			L ARENDAL DIN KANIL ERAK RANK ARAK RAKK RAKK ARAK ARAK ALIM ALIM ALIM ARAK ANAK ANAK ARAK
Principal Plac	e of Rusinoss	Mailing Address		
4512 POINSETTIA AVENUE 4512 POINSETTIA AVENUE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 334				3. Date Incorporated or Qualified
The state of the s			010r	07/31/1997 4. FEI Number Applied For
				4. FEI Number Applied For 65~0858686 Not Applicable
2. Principal Place of Business		2a, Mailing Address		***
21		26		5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
27				Trust Fund Contribution Added to Fees
23 City & State	City & State City & State			7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year letapgible
24	25	29	30	Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
				ress (P.O. Box Number is Not Acceptable)
411 SOUTH COUNTY ROAD, SUITE 200			B3	
PALM BEACH FL 33480			63	
			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				
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				
	Signature, typed or printed name of registered ager	it and title if applicable. (NO	TE: Registered Agent signature requir	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, JOHN C 411 SOUTH COUNTY ROAD, #200		1.2 NAME	
STREET ADDRESS	Build DEAGLEL AND A		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DT DENOTTE 33400	DELETE	1.4 CITY - \$T - ZIP 2.1 TITLE	Change Addition
NAME	ZELLER, RONALD J		2.2 NAME	<u> </u>
STREET ADDRESS	411 SOUTH COUNTY ROAD,	#200	2.3 STREET ADDRESS	,
CITY-ST-ZIP	PALM BEACH FL 33480		2. 4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	Change Addition
NAME	ZELLER, SUZANNE T		3.2 NAME	
STREET ADDRESS	411 SOUTH COUNTY ROAD,	#200	3.3 STREET ADDRESS	Į.
CITY-ST-ZIP	PALM BEACH FL 33480	☐ DELETÉ	3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ pereie	4.1 TITLE	C Clauge C Audition
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 THILE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	i
CITY-\$T-ZIP			5.4 CITY+ST-ZIP	
TITLÉ		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	,
STREET ADDRESS			6.3 STREET ADDRESS	

CITY-ST-ZIP

14. I 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 thretee 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 or an attachment with all address.

AS PRESIDENT

FILED

Sep 10 1998 8:00am

Secretary of State