

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038244 (7)

1. Corporation Name

NAUTICAL TUTOR, INC.



Principal Place of Business

406 RIVERSIDE DRIVE EAST
BRADENTON FL 34208

Mailing Address

406 RIVERSIDE DRIVE EAST
BRADENTON FL 34208

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

ZYCH, ALFRED A JR.
406 RIVERSIDE DRIVE EAST
BRADENTON FL 34208

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 607.01(2) and 607.15(4)(f), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME
ZYCH, ALFRED A
STREET ADDRESS
406 RIVERSIDE DRIVE EAST
CITY, ST, ZIP
BRADENTON FL 34208

2. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
KURTZ, DEBORAH A
STREET ADDRESS
406 RIVERSIDE DRIVE EAST
CITY, ST, ZIP
BRADENTON FL 34208

3. TITLE
2. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
3. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
4. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
5. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
6. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 15-07(3)(a), Florida Statutes. I further certify that the information is true and correct, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changes, or other information with a filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

941 748 0193

CR2E034 (12/95)