

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1997 JAN -6 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049160 (1)

1. Corporation Name

MARINE EDUCATION, INCORPORATED

Principal Place of Business

Mailing Address

81586 OVERSEAS HIGHWAY
P.O. BOX 1001
ISLAMORADA FL 33036

81586 OVERSEAS HIGHWAY
P.O. BOX 1001
ISLAMORADA FL 33036

3. Date Incorporated or Qualified 06/21/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 81915 OVERSEAS HWY	26	65-0589128	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 ISLAMORADA FL	28	Trust Fund Contribution	
Zip	Zip	Country	Country
24 33036	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ROBERT E
80901 STATE ROAD 4-A
ISLAMORADA FL 33036

81 Name	85 Zip Code
GILBERT L. FOREMAN	33037
82 Street Address (P.O. Box Number is Not Acceptable)	
37 JOLLY ROGER	
83	
84 City	FL
KEY LARGO	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE GILBERT L. FOREMAN
Signature, typed or printed name of registered agent and title, if applicable
NOTE: Registered Agent signature required when reinstating
DATE 12-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	1.1 TITLE	
NAME	GILBERT L. FOREMAN	1.2 NAME	
STREET ADDRESS	37 JOLLY ROGER	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	V. PRES	2.1 TITLE	
NAME	KEA L. FOREMAN	2.2 NAME	
STREET ADDRESS	37 JOLLY ROGER	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	NABEKA D. FOREMAN	3.1 TITLE	
NAME	SECT. TREAS	3.2 NAME	
STREET ADDRESS	37 JOLLY ROGER	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT

6000002050086--8
-01/08/97--01032
****375.00 ****375.00

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), 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: GILBERT L. FOREMAN 12-24-96 305-664-9312

CR2E034 (3/96)