

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 04 1997 8:00am
Secretary of State**

| | |
|---|---|
|  <p>PROFIT CORPORATION ANNUAL REPORT 1997</p> | <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> |
|---|---|

DOCUMENT # 377606 (9)
1. Corporation Name
SEA WORLD OF FLORIDA, INC.



| | |
|---|--|
| Principal Place of Business C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118 | Mailing Address C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118-1849 |
|---|--|

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|---|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/23/1971 | 3a. Date of Last Report 02/21/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 95-2707532 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip Country | 28. Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

| | | |
|---|--|--|
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | 81. Name |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) |
| | | 83. |
| | | 84. City |
| | | 85. Zip Code FL |

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | VAS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORRIGAN, THOMAS L. | 1.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 1.4 CITY-ST-ZIP | Schedule Attached |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, JOHN | 2.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 3.4 CITY-ST-ZIP | |
| TITLE | TC <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WUNDERLICH, ALBERT R. | 4.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 4.4 CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, RICHARD N | 5.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 5.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, LAURA H. | 6.2 NAME | |
| STREET ADDRESS | ONE BUSCH PLACE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. LOUIS MO | 6.4 CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Reeves* **1/22/97** **314-577-2359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

SEA WORLD OF FLORIDA, INC.

(Business Address: One Busch Place, St. Louis, MO 63118)

OFFICERS

| | |
|--------------------|--|
| John B. Roberts | Chairman of the Board & President |
| William A. Davis | Executive Vice President & General Manager |
| John J. Schaefer | Vice President & Assistant Secretary |
| Laura H. Reeves | Secretary |
| John D. Castagno | Tax Controller |
| William J. Kimmins | Treasurer |
| Richard N. Hill | Assistant Treasurer |

DIRECTOR

John B. Roberts

Effective 5/1/96