

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>
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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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3. Date Incorporated or Qualified 02/23/1971	3a. Date of Last Report 02/21/1996
4. FEI Number 95-2707532	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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