

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 377606 (9)**

1. Corporation Name  
**SEA WORLD OF FLORIDA, INC.**



Principal Place of Business <b>C/O CORPORATE TAX DEPARTMENT                  ONE BUSCH PLACE                  ST. LOUIS MO 63118</b>	Mailing Address <b>C/O CORPORATE TAX DEPARTMENT                  ONE BUSCH PLACE                  ST. LOUIS MO 63118</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7007 Sea World Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State <b>23 Orlando, FL</b>	27 City & State <b>28</b>
24 Zip <b>32821</b>	25 Country <b>29</b>

3. Date Incorporated or Qualified <b>02/23/1971</b>	
4. FEI Number <b>95-2707532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b> 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	<b>VAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, THOMAS L.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	1.4 CITY-ST-ZIP	<b>Schedule Attached</b>
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TC</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WUNDERLICH, ALBERT R.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, RICHARD N</b>	5.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, LAURA H.</b>	6.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	<b>ST. LOUIS MO</b>	1.4 CITY-ST-ZIP	<b>Schedule Attached</b>
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STREET ADDRESS	<b>ONE BUSCH PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	2.4 CITY-ST-ZIP	
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NAME	<b>DAVIS, WILLIAM</b>	3.2 NAME	
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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 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: \_\_\_\_\_ DATE: **3/5/98** 214 577-2350

CR2E034 (10/97)

**SEA WORLD OF FLORIDA, INC.**

(Business Address: 7007 Sea World Drive, Orlando, FL 32821)

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

**OFFICERS**

John B. Roberts	Chairman of the Board & President
Victor G. Abbey	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
David C. Sauerhoff	Assistant Treasurer

**DIRECTOR**

John B. Roberts

Effective 12/1/97