

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 722979 (2)**  
 1. Corporation Name  
**CLEARWATER MARINE AQUARIUM, INC.**



Principal Place of Business Mailing Address  
**249 WINDWARD PASSAGE CLEARWATER FL 34630**      **249 WINDWARD PASSAGE CLEARWATER FL 34630**

3. Date Incorporated or Qualified **03/23/1972**      3a. Date of Last Report **05/01/1996**  
 4. FEI Number **23-7242598**      Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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      25      29      30

9. Name and Address of Current Registered Agent  
**KELLENBERGER, DENNIS**  
**1547 S BETTY LANE**  
**CLEARWATER FL 34616**

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  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWES, RALPH H.	
STREET ADDRESS	2438 ENTERPRISE #2626	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAHAM, JAMES	
STREET ADDRESS	28100 U.S.19 N, SUITE 305	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITNEY, EMMA	
STREET ADDRESS	758 ELDORADO AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, DON	
STREET ADDRESS	260 EDMORE ROAD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, TOM	
STREET ADDRESS	695 S. GULFVIEW BLD #304	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWES, RALPH	
STREET ADDRESS	2438 ENTERPRISE #2626	
CITY-ST-ZIP	CLEARWATER FL	

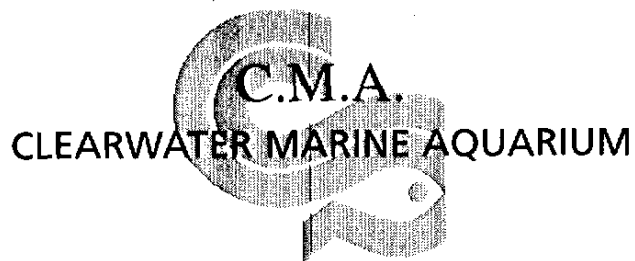
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	MOORE, GARRY
3.4 CITY-ST-ZIP	1460 Gulf Blvd. Bldg 3 #405
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**DENNIS KELLENBERGER, EXECUTIVE DIRECTOR**

CR2E037 (9/96)



Names and addresses of Officers and Directors, continued

PRIEST, ALFRED	2nd Vice President	723 Ponce de Leon, Belleair, FL 34616
WHITNEY, EMMA		756 Eldorado Ave., Clearwater, FL 34630
BLACKMON, MARY		830 S. Gulfview Bl #104, Clearwater, FL 34630
DAVIDSON, BUCK		1211 S. Betty Lane, Clearwater, FL 34616
PASSMORE, MIKE		1118 State Rd. 580, Oldsmar, FL 34677
ROSENOW, KEN		421 Gulfview Blvd., Clearwater, FL 34630
SELLERS, JEFF		1462 Crestview, Clearwater, FL 34615
WASHINKO, ADELLE		2985 164th Ave. N., Clearwater, FL 34620