


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722979 (2)
 1. Corporation Name
CLEARWATER MARINE AQUARIUM, INC.



Principal Place of Business 249 WINDWARD PASSAGE CLEARWATER FL 34630	Mailing Address 249 WINDWARD PASSAGE CLEARWATER FL 34630
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3. Date Incorporated or Qualified
03/23/1972

4. FEI Number 23-7242598	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26 ZIP CODE CHANGE-33767
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HOWES, RALPH H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2438 ENTERPRISE #2626	CITY - ST - ZIP CLEARWATER FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME GRAHAM, JAMES	1.4 CITY - ST - ZIP	
STREET ADDRESS 28100 U.S.19 N, SUITE 305	CITY - ST - ZIP CLEARWATER FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE SD	NAME MOORE, GARRY	2.3 STREET ADDRESS	
STREET ADDRESS 1480 GULF BLVD BLDG 3 #405	CITY - ST - ZIP CLEARWATER FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE TD	NAME WILSON, DON	3.2 NAME	
STREET ADDRESS 260 EDMORE ROAD	CITY - ST - ZIP W. PALM BEACH FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
TITLE D	NAME COOPER, TOM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 895 S. GULFVIEW BLD #304	CITY - ST - ZIP CLEARWATER BCH FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE P	NAME HOWES, RALPH	4.4 CITY - ST - ZIP	
STREET ADDRESS 2438 ENTERPRISE #2626	CITY - ST - ZIP CLEARWATER FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	DECEASED
		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 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 change of address.

SIGNATURE: *[Signature]* **4/29/98 813/441-1790 Ext 28**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0083325**

CR2E037 (10/97)



Names and addresses of Officers and Directors, continued

PRIEST, ALFRED	2nd Vice Pres.	723 Ponce de Leon, Belleair, FL 34616
WHITNEY, EMMA	Corr. Sec.	756 Eldorado Ave., Clearwater, FL 33767
BLACKMON, MARY		830 S. Gulfview Blve #104, Clearater, 33756
WASHINKO, ADELLE		2985 164th Ave. N. Clearwater, 33760
DAVIDSON, BUCK		1211 S. Betty Lane, Clearwater, 33756
PASSMORE, MIKE		1111 St. Rd. 584, Oldsmar, FL 34695
QUAL, LES		PO Box 67122, St. Petersburg, 33767
ROSENOW, KEN		421 Gulfview Blvd. Clearwater, 33767
SELLER, JEFF		1462 Crestview, Clearwater 33755