

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra G. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # H92000 (9)

95 FEB 14 PM 4:11

1. Corporation Name  
**TINY BUBBLES EXPEDITIONS, INC.**

Principal Place of Business Mailing Address  
**300 BEACH ROAD, PH-N TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	25	1001 ALTERNATE A1A		12/26/1985	05/12/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27 BAYSIDE 1001 PROF. BLDG.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28 JUPITER FL		7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24	25	29	30		
Zip	Country	Zip	Country		
		33477			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEIFERT, RALPH W. #2 EDINBURGH DR PALM BCH GDN FL 33418				81 Name	DOUGLAS SEIFERT		
				82 Street Address (P.O. Box Number is Not Acceptable)	300 BEACH ROAD 502		
				83			
				84 City	TEQUESTA	FL	85 Zip Code 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0805, Florida Statutes.

SIGNATURE: *Ralph W. Seifert* DATE: 10 FEB 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIFERT, DOUGLAS D.	1.2 NAME	
STREET ADDRESS	300 BEACH RD PH-N	1.3 STREET ADDRESS	← SAME
CITY - ST - ZIP	TEQUESTA FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VALERIE SEIFERT
STREET ADDRESS		2.3 STREET ADDRESS	300 BEACH ROAD 502
CITY - ST - ZIP		2.4 CITY - ST - ZIP	TEQUESTA FL 33469
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.032, Florida Statutes. I further certify that the information indicated on this annual report is supplemented annual reports by 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 this corporation or its receiver or trustee in bankruptcy and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, on an attachment with this filing.

SIGNATURE: *Ralph W. Seifert* DATE: 10 FEB 95  
407 744 7884