FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 FEB -1 PM 4:10

DOCUMENT # N40513 (6)

1. Corporation Name

THE NEW WORLD AQUARIUM, INC.

Principal Place of Business	Mailing Address
350 SE 2ND ST STE 400A FORT LAUDERDALE FL 33301 US	P.O. BOX 1208 FORT LAUDERDALE FL 33302-1208 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0238309 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAW, CHARLES
~~5900 N ANDREWS AVE~~
STE 900
FT LAUDERDALE 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10801 SW 26 CT.
83
84 City: DAVIE FL 85 Zip Code: 33328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PANZA, TOM	12 NAME	
STREET ADDRESS	3061 E COMMERCIAL BLVD	13 STREET ADDRESS	400000149184 4
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	-05/17/95--01142--017 *****61.25 *****61.25
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	CARR, PATTY	22 NAME	
STREET ADDRESS	1569 E SAMPLE RD	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☒ Change ☐ Addition
NAME	SHAW, CHARLES CPA	32 NAME	
STREET ADDRESS	5900 N ANDREWS AVE, STE 900	33 STREET ADDRESS	10801 SW 26 COURT
CITY-ST-ZIP	FORT LAUDERDALE FL	34 CITY-ST-ZIP	DAVIE, FL. 33328
TITLE	DS	41 TITLE	DS ☒ Change ☐ Addition
NAME	ROTI, RICHARD	42 NAME	SUSAN TELLI
STREET ADDRESS	110 SE 6TH ST, 28TH FLR	43 STREET ADDRESS	1209 N. RIO VISTA
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	DE	51 TITLE	☐ Change ☐ Addition
NAME	KIMBEL, SHERRI	52 NAME	
STREET ADDRESS	350 SE 2ND ST, STE 400A	53 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	DVP	61 TITLE	☒ Change ☐ Addition
NAME	SECHEN, ROBERT	62 NAME	DELETE
STREET ADDRESS	25 W FLAGLER ST, PENTHOUSE	63 STREET ADDRESS	THIS NAME / POSITION
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sherri Kimbel SHERRI KIMBEL 5/1/95 305-468-1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048424