

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90026 036 \*\*\*\*70.00

**DOCUMENT # N40513**

1. Corporation Name

**THE NEW WORLD AQUARIUM, INC.**

Principal Place of Business

401 SW 2ND ST.  
FORT LAUDERDALE FL 33312  
US

Mailing Address

P.O. BOX 1208  
FORT LAUDERDALE FL 33302-1208  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 401 S.W. 2nd St.

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

Country

29

33312

30

Broward

3. Date Incorporated or Qualified

10/24/1990

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

9. Name and Address of Current Registered Agent

GOREN, SAMUEL S  
3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME PANZA, TOM  
STREET ADDRESS 3600 N FEDERAL HWY  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DVP ☐ DELETE

NAME CARR, PATTY  
STREET ADDRESS 1639 E. SAMPLE RD  
CITY-ST-ZIP POMPANO BCH FL

TITLE DT ☐ DELETE

NAME SHAW, CHARLES CPA  
STREET ADDRESS 10801 SW 26TH COURT  
CITY-ST-ZIP DAVIE FL

TITLE DS ☐ DELETE

NAME TELLI, SUSAN  
STREET ADDRESS 309 SE 18TH ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DE ☐ DELETE

NAME KIMBEL, SHERRI  
STREET ADDRESS 310 SW 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/C ☐ Change ☐ Addition

1.2 NAME Ray Rodrigues

1.3 STREET ADDRESS 7080 NW 4th St.  
1.4 CITY-ST-ZIP Plantation, FL 33317

2.1 TITLE T/VC ☐ Change ☐ Addition

2.2 NAME Richard Kirby  
2.3 STREET ADDRESS 1800 Eller Dr., #300  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33335

3.1 TITLE T/VC ☐ Change ☐ Addition

3.2 NAME Jon Levinson  
3.3 STREET ADDRESS 2915 S. Federal Hwy., #D-2  
3.4 CITY-ST-ZIP Delray Beach, FL 33483

4.1 TITLE T/S ☐ Change ☐ Addition

4.2 NAME Steve Halmos  
4.3 STREET ADDRESS 21 W. Las Olas Blvd.  
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

5.1 TITLE T/T ☐ Change ☐ Addition

5.2 NAME Paul Anderson  
5.3 STREET ADDRESS 1111 N.W. 12th St.  
5.4 CITY-ST-ZIP Deerfield Beach, FL 33442

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FOR Halmos

Date

Daytime Phone #

CR2E037 (5/99)