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Apr 29, 1999 8:00 am  
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04-29-1999 90094 011 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000006088

1. Corporation Name

THE UNITED CHAPTERS: PROFESSIONAL MARINE BIOLOGI  
STS OF UNITED NATIONS TRUST TERRITORY INTERFRAT

Principal Place of Business

720 CELEBRATION AVE., STE. 170  
WALT DISNEY COMMUNITY CELEBRATION  
CELEBRATION CITY FL 34747

Mailing Address

720 CELEBRATION AVE., STE. 170  
WALT DISNEY COMMUNITY CELEBRATION  
CELEBRATION CITY FL 34747



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

Non applicable

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NATIONAL EXPEDITIONARY MARITIME HISTORIC  
HAVEN FOR ANCIENT PRESERVATION COMPANY  
720 CELEBRATION AVE., STE. 170  
CELEBRATION CITY FL 34747

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME MARTINEZ, MARIA  
STREET ADDRESS 720 CELEBRATION AVE., STE. 170  
CITY-ST-ZIP CELEBRATION CITY FL 34747

TITLE  DELETE

NAME MARIA AKIBA  
STREET ADDRESS 720 CELEBRATION AVE., STE. 170  
CITY-ST-ZIP CELEBRATION CITY FL 34747

TITLE  DELETE

NAME EXPLORER, EL COQUI  
STREET ADDRESS 720 CELEBRATION AVE., STE. 170  
CITY-ST-ZIP CELEBRATION CITY FL 34747

TITLE  DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE  DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE  DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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, 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

[Handwritten Signature]

4/26/99

Date

907 526-8182

Daytime Phone #

CR2E037 (11/98)

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