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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # 712802 (8)

1. Corporation Name

THE MARINE AQUARIUM SOCIETY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 182 WEST PALM BEACH FL 33402	P.O. BOX 182 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1967
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1973161 ☐ 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 X **$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

GLICKSTEIN, MARVIN R
504 GREENWAY DRIVE
NO. PALM BCH. FL 33408

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 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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SINN, DAVID	1.2 NAME	Marion Lean
STREET ADDRESS	5564 CALICO ROAD	1.3 STREET ADDRESS	1131 Harmony Way
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	D	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	GATRELL, STEVE	2.2 NAME	Steve House
STREET ADDRESS	1104 GREENPINE BLVD	2.3 STREET ADDRESS	207 Valencia Rd
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	W. Palm Bch, FL 33401
TITLE	S	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	SINN, GINGER	3.2 NAME	Barbara Scholly
STREET ADDRESS	5565 CALICO ROAD	3.3 STREET ADDRESS	1868 Pleasant Dr.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	North Palm Bch, FL 33408
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ROOT, JOHN	4.2 NAME	
STREET ADDRESS	503 ROSELAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GUIEL, VINCENT	5.2 NAME	
STREET ADDRESS	5836 PURDY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ZORATTI, RON	6.2 NAME	
STREET ADDRESS	437 GULFSTREAM RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	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 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: Marion Lean 3/27/95 407-533-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0647716