FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra 🖒 Mortham

Secretary of State DIVISION OF CORPORATIONS

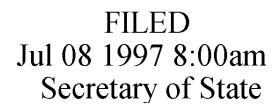
1997 DOCUMENT #

(8)

THE MARINE AQUARIUM SOCIETY OF THE PALM BEACHES,

Principal Place of Business

Mailing Address



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P.O. BOX 182 WEST PALM BEACH FL 33402				P.O. BOX 182 WEST PALM BEACH FL 33402-0182								
									 Date Incorporated or Qualified 05/24/1967 	ncorporated or Qualified 3e. Date of Last Report 02/29/1996		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		· A	pplied For
21				26 12505 WOODMILL DR					59-1973161		· N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	ertificate of Status Desired \$8.75 Additional Fee Required		
City & State			28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24		Country 25	29	Zip Cour 29 季33418 30			SA SA		Florida Statutes	for intangible tax under s. 199.032, Yes No		
	and Address of Currer	nt Regis	stered Agent			,		10. Name and Address of New Re	gistered /	Agent		
						81	Name	TI	LOOD, PAMELA			
GLICKST						is (P.O. Box Number is Not Acceptab	ole)					
-\$504 GRE	ENWAY D	AVE-					1	12505 WOODMILL DR				
- NO. PAL	M BCH. FL	33408				83						
•						84	'	ρρ) G-	FL	1 1 7 7 .	3418
11. Pursuant t	to the provisi	ons of Sections 617.050	2 and 6	317.1508, Florida St	atules, th	e abov	e-named	corpor	ration submits this statement for the parties board of directors. I hereby accept	urpose of	changing	its registered
agent. La	egistered ag <u>m</u> familiar wi	ent, or both, in the State th, and accept the oblig	of Florations of	ida. Such спалде w of, Section 617.0503	as autno , Florida	Statute	y me corp	poration	n's board of directors. Thereby accep	or rue spp	omunent a	s registered
SIGNATURE :	.) 1			gsurer_		(-,) m	Da	Florid	4/9-	1	
0,0,4,1,0,10	Signature, typed	or printed name of registered age	ent and title	e if applicable.			ent signature	required	when reinstating)	DATE		
12.		OFFICERS AN	D DIRE			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	Change	
TITLE	P P P P P P P P P P P P P P P P P P P	M. ABMAT		DELETE		1.1 TITLE		P.			M CHAINGE	☐ Mullion
NAME		CH, DENISE			- 1	1.2 NAME			LOOD, A. COLIN 505 WOODMILL DR			
STREET ADDRESS	WEST PALM BCH FL			■			T ADDRESS		PBG TL 33478			
CITY-ST-ZIP	VP	ALM DUP TE		DELETE	_	1.4 CITY- 2.1 TITLE	ST - ZIP	VP	D4 4 L 334 10		Change	Addition
TITLE	, ,,	IOLICE		X Decree					Landing Court		CT Cuante	
NAME	OTEVE I	1000E ENGIA-RD				2.2 NAME	T 1000550	1 10	URBIN, PAUL			
STREET ADDRESS		A BEACH FL					T ADDRESS	١.				1
CITY-ST-ZIP TITLE	VP VP	TORNUTT C		DELETE		2. 4 CITY- 3.1 TITLE	SI-ZIP	VP	OPB FL		Change	Addition
NAME	1 - 27	- SCHOLLY		× section		3.2 NAME		1	ATT, AL			
STREET ADDRESS		EASANT-DR					T ADDRESS	2	505W Langfield	AVE		
CITY-ST-ZIP		PALM BEACH FL-		-		3.4. CITY-		Pa	of St. Lucie FL	Зu	1984	
TITLE	1			DELETE	_	4.1 TITLE	~ , L1'	T	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	ROOT, J	IOHN		1		4. 2 NAME	_	'=	LOOD, PAMELA		-	
STREET ADDRESS	,	SELAND DR.				4.3 STREE	T ADDRESS		505 WOODMILL D	sr.		
CITY-ST-ZIP		ALM BEACH FL				4.4 CITY-			BG FL 3347			
TITLE	D			☐ DELETE	_	5.1 TITLE			- ,	_	Change	Addition
NAME	GUIEL, \	VINCENT				5.2 NAME			EWIEL, VINCINT			
STREET ADDRESS		IRDY LANE				5.3 STREE	T ADDRESS		71 LAKE ARBOR			
CITY-ST-ZIP		ALM BEACH FL				5.4 CITY -	ST-ZIP		PALM Springs	ナト	3346	0
TITLE	D			☐ DELETE		6.1 TITLE		D			☐ Change	Addition
NAME	ZORATT	1, RON				6.2 NAME						
STREET ADDRESS		LFSTREAM RD				6.3 STREE	T ADDRESS					
CITY-ST-ZIP	PALM S	Prings FL				6.4 CITY -	ST - ZIP					;

14. I do 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 thinged, or on agratachment with an address.