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

DOCUMENT # 728699 (0)

1. Corporation Name

HARBOR BRANCH OCEANOGRAPHIC INSTITUTION, INC.

Principal Place of Business: 5600 U.S. 1 NORTH, FT PIERCE FL 34946

Mailing Address: 5600 U.S. 1 NORTH, FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1974
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1542017 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / County 30

5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

HERMAN, RICHARD J.
5600 US 1 NORTH
FT. PIERCE FL 34946

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	[ ] Change [ ] Addition
NAME	JOHNSON, J.SEWARD	
STREET ADDRESS	66 BATTLE ROAD	
CITY ST ZIP	PRINCETON NJ	
TITLE	C	[ ] Change [ ] Addition
NAME	FARINACCI, STEPHEN M	
STREET ADDRESS	3208 MEMORY LANE	
CITY ST ZIP	FT PIERCE FL	
TITLE	SDV	[X] Change [ ] Addition
NAME	LINK, MARILYN C.(ASST)	This Director/Officer should be deleted.
STREET ADDRESS	7 STARFISH	
CITY ST ZIP	VERO BCH FL	
TITLE	SD	DPS [X] Change [ ] Addition
NAME	HERMAN, RICHARD J (ASST)	
STREET ADDRESS	106 18TH AVENUE	
CITY ST ZIP	VERO BCH FL	
TITLE	ST	[ ] Change [ ] Addition
NAME	HEWITT, LOUIS R. (ASST)	
STREET ADDRESS	25 WOLFPACK RD.	
CITY ST ZIP	MERCERVILLE NJ	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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: Stephen M. Farinacci — Stephen M. Farinacci 4/3/95 407/465-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #