

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 728699 (0)**

1. Corporation Name  
**HARBOR BRANCH OCEANOGRAPHIC INSTITUTION, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>5600 U.S. 1 NORTH<br/>FT. PIERCE FL 34946</b> | Mailing Address<br><b>5600 U.S. 1 NORTH<br/>FT. PIERCE FL 34946-7320</b> |
|---|--|



|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>02/01/1974</b>  | 3a. Date of Last Report<br><b>04/24/1996</b>           |
| 4. FEI Number<br><b>59-1542017</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | CD                       | <input type="checkbox"/> DELETE |
| NAME           | JOHNSON, J. SEWARD       |                                 |
| STREET ADDRESS | 66 BATTLE ROAD           |                                 |
| CITY-ST-ZIP    | PRINCETON NJ             |                                 |
| TITLE          | C                        | <input type="checkbox"/> DELETE |
| NAME           | FARINACCI, STEPHEN M     |                                 |
| STREET ADDRESS | 3208 MEMORY LANE         |                                 |
| CITY-ST-ZIP    | FT PIERCE FL             |                                 |
| TITLE          | DPS                      | <input type="checkbox"/> DELETE |
| NAME           | HERMAN, RICHARD J (ASST) |                                 |
| STREET ADDRESS | 106 18TH AVENUE          |                                 |
| CITY-ST-ZIP    | VERO BCH FL              |                                 |
| TITLE          | ST                       | <input type="checkbox"/> DELETE |
| NAME           | HEWITT, LOUIS R. (ASST)  |                                 |
| STREET ADDRESS | 25 WOLFPACK RD.          |                                 |
| CITY-ST-ZIP    | MERCERVILLE NJ           |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | 585 32nd Avenue SW   |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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 changed, or on an attachment with an address.

SIGNATURE: *Stephen M. Farinacci* 1/10/97 561-465-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)