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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769841** (8)

1. Corporation Name
MARINELIFE CENTER OF JUNO BEACH, INC

Principal Place of Business	Mailing Address
~~1200 U.S. #1~~ JUNO BCH FL 33408	~~1200 U.S. #1~~ JUNO BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2445926	☐ 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 ☑	$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 14200 U.S. #1	26 14200 U.S. #1
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MILLER, MORRIS G.
~~BOOSE CASEY CIKLIN ET AL~~
~~615 NO. FLAGLER DR., 19TH FLR~~
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): MILLER & FORBES, P.A.
83: 319 CLEMATIS STREET, SUITE 214
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, GAIL	12 NAME	
STREET ADDRESS	14972 PALMWOOD RD.	13 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOLLMER, BILL	22 NAME	
STREET ADDRESS	460 SUNRISE	23 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, MORRIS	32 NAME	
STREET ADDRESS	2690 TOWEL DR.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MULLEN, JAMES	42 NAME	
STREET ADDRESS	212 CAPE PT. CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DIMARCO, NANCY	52 NAME	
STREET ADDRESS	401 GULF RD.	53 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILCOX, J. ROSS	62 NAME	
STREET ADDRESS	9008 GARDENS GLEN CT	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDS FL	64 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: James J. Mullen CFO/TREASURER 3/20/95 (407) 832-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011214