

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769841 (8)

1. Corporation Name

MARINELIFE CENTER OF JUNO BEACH, INC



Principal Place of Business

Mailing Address

14200 US 1
JUNO BCH FL 33408
US

14200 US 1
JUNO BCH FL 33408
US

3. Date Incorporated or Qualified
08/15/1983

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER
MILLER, MORRIS G
MILLER & FORBES PA
319 CLEMATIS ST STE 214
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NELSON, GAIL
STREET ADDRESS 14972 PALMWOOD RD.
CITY-ST-ZIP N PALM BCH FL

TITLE D
NAME KOLLMER, BILL
STREET ADDRESS 460 SUNRISE
CITY-ST-ZIP JUNO BEACH FL

TITLE SD
NAME MILLER, MORRIS
STREET ADDRESS 2690 TOWEL DR.
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE TD
NAME MULLEN, JAMES
STREET ADDRESS 212 CAPE PT. CIR.
CITY-ST-ZIP JUPITER FL

TITLE D
NAME DIMARCO, NANCY
STREET ADDRESS 401 GULF RD.
CITY-ST-ZIP N. PALM BEACH FL

TITLE D
NAME WILCOX, J. ROSS
STREET ADDRESS 9008 GARDENS GLEN CT
CITY-ST-ZIP PALM BCH GDS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD
2.2 NAME CYNDIE WOLF
2.3 STREET ADDRESS 14200 US HIGHWAY ONE
2.4 CITY-ST-ZIP JUNO BEACH, FL 33408 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE REQUIRED
James F. Mullen II, Treasurer - Director

7/31/96

Date

561-632-9292

Daytime Phone #

0006990

CR2E037 (3/96)