

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K88677 (5)**  
 1. Corporation Name  
**Shearwater Expeditions Associates, Inc.**

Principal Place of Business <b>2675 Yellowtail Dr.</b> <b>MARATHON, FL. 33050</b> <b>US</b>	Mailing Address <b>2675 Yellowtail Dr.</b> <b>MARATHON, FL. 33050</b> <b>US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/15/1989</b>	3a. Date of Last Report <b>04/17/96</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0220220</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Wright, Thomas D.</b> <b>5701 OVERSEAS HWY</b> <b>SUITE 17</b> <b>MARATHON, FL. 33050</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>DVT</b>	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME <b>BOWERS, S. Lucille</b>		12. NAME	
3. STREET ADDRESS <b>2675 Yellowtail Dr.</b>		13. STREET ADDRESS	
4. CITY, ST, ZIP <b>MARATHON, FL.</b>		14. CITY, ST, ZIP	
5. TITLE <b>DPS</b>	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME <b>BOWERS, Roy</b>		22. NAME	
7. STREET ADDRESS <b>2675 Yellowtail Dr.</b>		23. STREET ADDRESS	
8. CITY, ST, ZIP <b>MARATHON, FL.</b>		24. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY, ST, ZIP		44. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY, ST, ZIP		54. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

**700002105647**  
**-03/06/97--01013--007**  
**\*\*\*165.00**

*[Signature]* **3-6-97**

14. I, the undersigned, 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 contained 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **S. Lucille Bowers D.V.T.** **4/17/97** **305-743-3536**  
 S. Lucille BOWERS

CR2E034 (9/96)