FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M94344** **(2)**

1. Corporation Name

SCIENTIFIC EXPEDITIONS, INC.

Principal Place of Business	Mailing Address
227 W MIAMI AVE. #3 VENICE FL 34285 US	227 W MIAMI AVE. #3 VENICE FL 34285 US

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

3. Date Incorporated or Qualified: **07/28/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0066593** ☐ 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

ROTH, VIRGINIA H.
1832 QUAIL LAKE DRIVE
VENICE FL 34293

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 (Signature required from current registered agent or new registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	OZ, C W		12 NAME	OZ, C.W.	
STREET ADDRESS	250 E 57TH ST		13 STREET ADDRESS	3288 Page Avenue	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	Virginia Beach, VA 23451	
TITLE	DP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ROTH, VIRGINIA H.		22 NAME		
STREET ADDRESS	1832 QUAIL LAKE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		24 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HOGAN, WILLIAM F		32 NAME		
STREET ADDRESS	901 W AUSTIN AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL		34 CITY-ST-ZIP		
TITLE	DTV	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HOGAN, JOHN L.		42 NAME		
STREET ADDRESS	917 CEDAR COVE ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON WEST PALM BEACH FL		44 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HOGAN, WILLIAM W.		52 NAME		
STREET ADDRESS	1025 BARTON COURT		53 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW IL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia H. Roth — Virginia H. Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 1996 — (941) 484-3884
Date — Daytime Phone #

CR2E034 (12/95)