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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

227 W MIAMI AVE.
#3
VENICE FL 34285
US

Mailing Address

227 W MIAMI AVE.
#3
VENICE FL 34285-2359
US



3. Date Incorporated or Qualified

07/28/1988

3a. Date of Last Report

02/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 of person providing notice of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	OZ, C W	
STREET ADDRESS	3288 PAGE AVENUE	
CITY - ST - ZIP	VIRGINIA BEACH VA	
TITLE	DP	DELETE
NAME	ROTH, VIRGINIA H.	
STREET ADDRESS	1832 QUAIL LAKE DRIVE	
CITY - ST - ZIP	VENICE FL	
TITLE	DC	DELETE
NAME	HOGAN, WILLIAM F	
STREET ADDRESS	901 W AUSTIN AVE.	
CITY - ST - ZIP	PARK RIDGE IL	
TITLE	DTV	DELETE
NAME	HOGAN, JOHN L.	
STREET ADDRESS	917 CEDAR COVE ROAD	
CITY - ST - ZIP	WELLINGTON WEST PALM BEACH FL	
TITLE	DT	DELETE
NAME	HOGAN, WILLIAM W.	
STREET ADDRESS	1025 BARTON COURT	
CITY - ST - ZIP	GLENVIEW IL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0436391

CR2E034 (9/96)