

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M94344** (2)  
1. Corporation Name  
**SCIENTIFIC EXPEDITIONS, INC.**

Principal Place of Business <b>227 W MIAMI AVE. #3 VENICE FL 34285 US</b>	Mailing Address <b>227 W MIAMI AVE. #3 VENICE FL 34285 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/28/1988</b>	
4. FEI Number <b>65-0066593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOGAN, ANNE H.
3.3 STREET ADDRESS	901 W. AUSTIN AVE
3.4 CITY-ST-ZIP	PARK RIDGE, IL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Virginia H. Roth*

*April 10, 1998 (941) 486-3554*

CR2E034 (10/97)