

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 001 ***158.75

DOCUMENT # **M94344**

Corporation Name

SCIENTIFIC EXPEDITIONS, INC.



Principal Place of Business
W MIAMI AVE.
FL 34285

Mailing Address
227 W MIAMI AVE.
#3
VENICE FL 34285
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Same as above

2a. Mailing Address
Same as above

Suite, Apt. #, etc.
"

City & State
"

Zip
" **25** **"** **"** **Country**

3. Date Incorporated or Qualified
07/28/1988

4. FEI Number
65-0066593

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

81 Name
SAME AS INDICATED

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL

85 Zip Code

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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D OZ, C W 3288 PAGE AVENUE VIRGINIA BEACH VA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE
DP ROTH, VIRGINIA H. 1832 QUAIL LAKE DRIVE VENICE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE
DC HOGAN, ANNE H 901 W AUSTIN AVE PARK RIDGE IL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE
DTV HOGAN, JOHN L. 917 CEDAR COVE ROAD WELLINGTON WEST PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE
DT HOGAN, WILLIAM W. 1025 BARTON COURT GLENVIEW IL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE

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

Virginia H. Roth President

January 6, 1999

Date

Daytime Phone #

CR2E034 (1/98)