


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 06 1997 8:00am  
Secretary of State

NONPROFIT 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 # **N08094** (7)

1. Corporation Name

THE SOCIETY FOR OCEAN STUDIES, INC.

Principal Place of Business

Mailing Address

%PHILIP E. EDWARDS  
711 OCEAN DRIVE  
KEY COLONY BEACH FL 33051

%PHILIP E. EDWARDS  
711 OCEAN DRIVE  
KEY COLONY BEACH FL 33051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/11/1985** 3a. Date of Last Report **04/24/1996**

4. FEI Number **59-2730346** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

EDWARDS, PHILIP E.  
711 OCEAN DRIVE  
KEY COLONY BEACH FL 33051

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Philip E. Edwards* **PHILIP E. EDWARDS** **July 30, 1997**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLLINS, CHARLES R.</b>	
STREET ADDRESS	<b>601 OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COMER, JACK P. PH.D.</b>	
STREET ADDRESS	<b>2695 SOMBRERO BLVD.</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DWYER, RAYMOND W. JR.</b>	
STREET ADDRESS	<b>601 OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, PHILIP E.</b>	
STREET ADDRESS	<b>711 OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STAFFORD, ROBERT O. PH.D</b>	
STREET ADDRESS	<b>601 OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DORIS EDWARDS</b>	
1.3 STREET ADDRESS	<b>711 OCEAN DRIVE</b>	
1.4 CITY-ST-ZIP	<b>KEY COLONY BEACH FL. 33051</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT W. MORRIS</b>	
2.3 STREET ADDRESS	<b>3815 FORT CHARLES DR.</b>	
2.4 CITY-ST-ZIP	<b>NAPLES, FL. 33940</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *Philip E. Edwards* **PHILIP E. EDWARDS** **7/30/97** **305-**

CR2E037 (4/97)