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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08094

1. Corporation Name

THE SOCIETY FOR OCEAN STUDIES, INC.

Principal Place of Business
JKEY COLONY BEACH, FL
711 OCEAN DR
KEY COLONY BEACH FL 33051
US

Mailing Address
PO BOX 510260
711 OCEAN DRIVE
KEY COLONY BEACH FL 33051
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/11/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2730346
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DORIS	1.2 NAME	
STREET ADDRESS	711 OCEAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT W.	2.2 NAME	
STREET ADDRESS	3815 FORT CHARLES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, PHILIP E.	3.2 NAME	
STREET ADDRESS	711 OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

Philip E. Edwards **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

305
289-1113

Daytime Phone #

CR2E037 (1/98)