

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N26771 (8)**  
1. Corporation Name  
**PIER AQUARIUM, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>800 SECOND AVENUE NORTHEAST<br/>ST. PETERSBURG FL 33701</b> | Mailing Address<br><b>800 SECOND AVENUE NORTHEAST<br/>ST. PETERSBURG FL 33701</b> |
|---|---|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>06/03/1988</b>   |   |   |
| 4. FEI Number<br><b>59-2899571</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b> |   |   |

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

9. Name and Address of Current Registered Agent

**COWAN, BARBARA J  
ONE BEACH DR #2103  
ST PETERSBURG FL 33071**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>EACHUS, ALICE</b>            |                                 |
| STREET ADDRESS | <b>2320 BREVARD RD., N.E.</b>   |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>        |                                 |
| TITLE          | <b>VD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>GIVEN, LEE</b>               |                                 |
| STREET ADDRESS | <b>3500 BAYSHORE BLVD. N.E.</b> |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>        |                                 |
| TITLE          | <b>TSD</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>SNYDER, LES</b>              |                                 |
| STREET ADDRESS | <b>28059 US 19 N</b>            |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>            |                                 |
| TITLE          | <b>M</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>KING, KATHRYN</b>            |                                 |
| STREET ADDRESS | <b>218 12TH AVE NORTH</b>       |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>         |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| 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 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 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: *Barbara M. King / Kathryn M. King* 4-9-98 (813) 894-1503

CP2E037 (1097)