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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N26771

1. Corporation Name
PIER AQUARIUM, INC.

Principal Place of Business
**800 SECOND AVENUE NORTHEAST
 ST. PETERSBURG FL 33701**

Mailing Address
**800 SECOND AVENUE NORTHEAST
 ST. PETERSBURG FL 33701**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/03/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2899571	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COWAN, BARBARA J ONE BEACH DR #2103 ST PETERSBURG FL 33071				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	EACHUS, ALICE	1.2 NAME	Betzler, Peter
STREET ADDRESS	2320 BREVARD RD., N.E.	1.3 STREET ADDRESS	1830 7 ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg FL 33704
TITLE	VD	2.1 TITLE	D
NAME	GIVEN, LEE	2.2 NAME	Blake, Norman
STREET ADDRESS	3500 BAYSHORE BLVD. N.E.	2.3 STREET ADDRESS	37121 Dew Dr.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Dade City FL 33525
TITLE	TSD	3.1 TITLE	D
NAME	SNYDER, LES	3.2 NAME	Cowan, Barbara
STREET ADDRESS	28059 US 19 N	3.3 STREET ADDRESS	one Beach Dr. #2103
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	St. Petersburg FL 33701
TITLE	M	4.1 TITLE	D
NAME	KING, KATHRYN	4.2 NAME	Kurcan, Steve
STREET ADDRESS	218 12TH AVE NORTH	4.3 STREET ADDRESS	1997 Hawaii Ave. NE.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St Petersburg FL 33703
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Moore, Merrin
STREET ADDRESS		5.3 STREET ADDRESS	191 Hunter's Crossing Ridge
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Waynesville, NC 28786
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Sweet, Don
STREET ADDRESS		6.3 STREET ADDRESS	FL Sea Grant, MSH 128B
CITY-ST-ZIP		6.4 CITY-ST-ZIP	830 1st St. S. St. Petersburg FL 33701

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: Katherine Harris SIGNATURE REQUIRED: Kathryn M King, Managing Director (727) 894-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)