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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003482 (6)**

1. Corporation Name

CENTRAL FLORIDA AQUARIUM SOCIETY OF MID-FLORIDA, INC.



Principal Place of Business CENTRAL BRANCH 218 N OXFORD RD CASELBERRY F. 32718 US	Mailing Address METRO ARDEN PO BX 362 SCOTTSMOOR FL 32775-0362 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>687 Bear Creek Ct.</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Winter Springs, FL</i>
Zip 24	Zip 29 <i>32708</i>
Country 25	Country 30 <i>USA</i>

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3259644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARDEN, METRO 4240 STUCKWAY RD SCOTTSMOOR FL 32775	
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10. Name and Address of New Registered Agent 81 Name <i>Jack Groenendaal</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>687 Bear Creek Ct.</i> 83 84 City <i>Winter Springs, FL</i> 85 Zip Code <i>32708</i>	
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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 *Jack Groenendaal* DATE *3/30/97*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, KEN 1033 SANTA ANITA ORLANDO FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSON PITIL 808 GRANDVIEW AVE. ALTAMONT SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARDEN, METRO P.O. BOX 362 N/A SCOTTSMOOR FL 32775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPIRO, TOM 49 FERNCREST DR DEBARY FL 32173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROENDAAL JACK 687 BEAR CREEK CT. WINTER SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS PETE 424 RIVERBLUFF CIR DEBARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VD</i> <i>Robertson Phil</i> <i>808 Grandview Ave.</i> <i>Altamont Springs, FL, 32701</i>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>SD</i> <i>Paul Gula</i> <i>348 East Citrus St.</i> <i>Altamont Springs, FL, 32701</i>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *Jack Groenendaal* DATE *3/30/97* *147 201 3/99*

CP2E037 (9/96)