

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000833 (2)

1. Corporation Name

THE PALM BEACH SEAPORT AQUARIUM, INC.



Principal Place of Business

3385 BURNS ROAD, PLAZA NORTH
SUITE 106
PALM BEACH GARDENS FL 33410

Mailing Address

3385 BURNS ROAD, PLAZA NORTH
SUITE 106
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 155 E BLUE HERON BLVD

27 155 E BLUE HERON BLVD

4. FEI Number

65-0561669

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 400

27 SUITE 400

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 RIVIERA BEACH, FL

28 RIVIERA BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33404

25 PALM BEACH

29 33404

30 PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOISE, DUANE S
3385 BURNS ROAD, PLAZA NORTH
SUITE 106
PALM BEACH GARDENS FL 33410

81 Name

BOISE DUANE S

82 Street Address (P.O. Box Number is Not Acceptable)

155 E BLUE HERON BLVD

83

SUITE 400

84 City

RIVIERA BEACH

FL

85 Zip Code

33404

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 of 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)

3/18/94

12. OFFICERS AND DIRECTORS

TITLE PRES. DIRECTOR ☐ DELETE
NAME DUANE S. BOISE
STREET ADDRESS 155 E. BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE DIRECTOR ☐ DELETE
NAME ROBERT O'CONNOR
STREET ADDRESS 155 E. BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE DIRECTOR ☐ DELETE
NAME SAMUEL H. SADOW
STREET ADDRESS 155 E. BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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3/18/94

407-848-4644

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