FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000833 (2)

	THE PA	NAME LIM BEACH SEAPORT AQU of Business	ARIUM, INC. Mailing Address					
	-						1	
155 E. BLUE HERON BLVD. SUITE 400			155 E. BLUE HERON BLVD. SUITE 400					
RIVIERA BCH. FL 33404			RIVIERA BCH. FL 33404-4546			2. Data bear agated of Curliffed	Se Dete et Leet D	
						3. Date incorporated or Qualified 02/20/1995	3a. Date of Last P 04/09/19	96
	Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21			26		65-0561669 Not Applicable			
T	uite, Apt. #, etc. Suite, Apt. #, etc.		F			5. Certificate of Status Desired	7	Additional equired
22	Çity & State		City & State		6 Floating Compaign Financing			
23	yny a olak	28				Election Campaign Financing Trust Fund Contribution		May Be to Fees
	Zip	Country	Zip	Country		B. This corporation has liability for Ir		
		25	29 3	0		Florida Statutes	Yes No	
		9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent	
				81 Na	ame			
BOISE, DUANE S					reet Addre	ess (P.O. Box Number is Not Acceptable	e)	
155 E. BLUE HERON BLVD.								
SUITE 400								
RIVIERA BCH. FL 33404					ty	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip	Code
11.	Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-na	med corp	oration submits this statement for the pu	rpose of changing f	s registered
	office or re	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 617.0503. Florid	horized by the da Statutes.	corporati	oration submits this statement for the pi ion's board of directors. I hereby accept	t the appointment as	registered
	NATURE _	,						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				legistered Agent sig	nature require		DATE	
12.				13.		ADDITIONS/CHANGES TO OFFICE		
TITLE		PD BOISE, DUANE	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	١ .	155 E. BLUE HERON BLVD.		1.2 NAME				1
	ET ADDRESS	RIVIERA BCH. FL 33404		1.3 STREET ADDR	ŀ			
TITLE	- ST- ZIP			1.4 CITY - ST - ZIP 2.1 TITLE			Change	☐ Addition
HAME	ľ	OCONNOR, ROBERT		2.2 NAME	1			
	ET ADDRESS	155 E. BLUE HERON BLVD.	ARE O DELICATEDAN DIVID		ess			
	- ST - ZIP	DESERVA DOLL CL COACA		2. 4 CITY - ST - ZIF	- 1			
TITLE				3.1 TITLE			☐ Change	Addition
NAMI	E	SADOW, SAMUEL H.		3.2 NAME	}			ļ
STREE	REET ADDRESS 155 E. BLUE HERON BLVD.			3.3 STREET ADDRESS				ſ
CITY-	-ST-ZIP			3.4. CITY-ST+ZIF	·			
TITLE	·		DELETE	4.1 TITLE			Change	Addition
NAME	E	•		4. 2 NAME				
STREE	ET ADDRESS			4.3 STREET ADDR	E\$S			
	-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME			/(') n	
				5.3 STREET ADDR	- 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/\'\\
PITY.	- ST. 7IP (RACITY_ST-70P	1			· .

6.4 CITY-ST-ZIP

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 of an an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

slok

561-848-461

FILED

Feb 17 1997 8:00am

Secretary of State

R2E037 (9/96)