

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000004367 (7)

1. Corporation Name

AQUA TREK MARINE EDUCATION CENTER, INC.

Principal Place of Business

2353 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957

Mailing Address

2353 PERIWINKLE WAY  
SANIBEL ISLAND FL 33957



2. Principal Place of Business  
21 15941 JOHN MORRIS RD  
Suite, Apt. #, etc.  
22 Ft. Myers  
City & State  
23 FL  
Zip  
24 33908  
Country  
25 U.S.

2a. Mailing Address  
26 P.O. Box 08076  
Suite, Apt. #, etc.  
27 Ft. Myers  
City & State  
28 FL  
Zip  
29 33908  
Country  
30 U.S.

3. Date Incorporated or Qualified  
09/11/1995

3a. Date of Last Report  
NA

4. FEI Number  
65-0635869  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

CATZ, ROCHELLE Z  
13161 MCGREGOR BOULEVARD  
FT. MYERS FL 33919

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT/D	Craig L. Meyer	475 Lastiendas Ln.	Sanibel, FL 33957	<input type="checkbox"/>
Secretary/D	Carl meldmet.	15941 John Morris Rd.	Ft. Myers, FL 33908	<input type="checkbox"/>
Treasury & V.P./D	Linda L. Miller	635 Rabbit Rd.	Sanibel, FL 33957	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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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 or changed, or on an attachment with an address.

SIGNATURE: Carl M. Meyer Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 941 466 5370

Date

Daytime Phone #

CR2E037 (12/95)