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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



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.

15941 JOHN MORRIS RD. FT. MYERS FL 33908			PO BOX 08076 FT MYERS FL 33908					3. Date Incorporated or Qualified							
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								6	5-0635 8	<u>869 </u>				Not	Applicable
2. Principal Place of Business			2a. Mailing Address					5 Certif	icate of St	atus Das	ired		\$8.	.75 A	dditional
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Electi	on Campa	aign Finar	ncing		\$5.	.00 M	lay Be
22			27					Trust	Fund Con	tribution			Adı	ded to	Fees
City & State			City & State				7. Is this	nonprofit	corporat	tion a ho	meowne	rs asso	ciation	?	
23			28									Yes	⊡⁄No		
Zip	Cour	ntry	Zip	L	Countr	У		8. This c	corporation	n owes or	r has pa	id the cu	ment ye		
24	25		29		10				nal Proper			•••	Yes Yes	<u>u</u>	No
	Name and Add	ress of Current	Registered Agen	t			•	10. Name	and Add	iress of i	New Re	gistered	Agent		
					81	I Na	me								
CATZ, ROCHELLE Z			82			2 Str	et Address	s (P.O. Bo	x Number	is Not A	cceptab	ole)			
13161 MCGREGOR BOULEVARD					_										
FT. MYE	ERS FL 33919				83	3									
					84	Cit	,					FI	85	Zip C	ode
11 Purguant	to the provisions of Se	ections 617 0502	and 617 1508 Flo	vida Statutes	the above	(e-nan	ed cornors	ation subn	nits this st	atement t	for the n		e	nina its	registered
office or r	to the provisions of Se registered agent, or bo am familiar with, and a	th, In the State o	f Florida. Such ch	ange was au	thorized b	y the	corporation	's board o	of directors	s. I hereb	y accer	ot the app	pointme	nt as r	egistered
agent, I a	im tamiliar with, and at	ccept the obligati	ions of, Section 61	17.0503, Flori	da Statute	es.									
SIGNATURE .	Signature typed or ordeted as	trene of remiclared enems	and title if applicable	NOTE	Registered Ad	nont sino	ah ma ranulrad u	shen roinetati	na!			DATE			
Signature, typed or printed name of registered ager 12. OFFICERS AND			ана аке и пррихаото.	nogracorco A	egistered Agent signature require										
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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:

STREET ADDRESS

2/2/98 94/472 1617

FILED

Feb 06 1998 8:00am

Secretary of State

CH2E037 (10/