


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90164 024 \*\*\*\*61.25

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|--|--|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                              |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N96000003385</b>   |  |   |  |  |  |
| 1. Corporation Name<br><b>THE KEYS ACADEMY OF MARINE SCIENCE, INC.</b>       |  |   |  |  |  |
| Principal Place of Business<br>1032 OVERSEAS HWY<br>KEY LARGO FL 33037<br>US |  |   | Mailing Address<br>103200 OVERSEAS HWY<br>KEY LARGO FL 33037<br>US |  |  |



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/25/1996</b>   |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0681106</b>   |  |
| 22                             | City & State        | 27                  | City & State        | Applied For<br>Not Applicable  |  |
| 23                             | Zip                 | 28                  | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 24                             | Country             | 29                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CHAPPELL, CONNIE<br/>48 MUTINY PL<br/>KEY LARGO FL 33037</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
| 81 Name  |  |  |  | 85 Zip Code                                  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |  | FL   |  |
| 83   |  |  |  |  |  |
| 84 City  |  |  |  |  |  |

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 |                     |   |  |  |  |      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                    |  |  |  |  |  |  |
| TITLE                      | PD                  | CHAPPELL, CONNIE  |  |  |  |      |  | <input type="checkbox"/> DELETE                       |  | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |  |  |
| NAME                       | CHAPPELL, CONNIE    |   |  |  |  |      |  |   |  | 1.2 NAME           |  |  |  |  |  |  |
| STREET ADDRESS             | 46 MUNTINY PL       |   |  |  |  |      |  |   |  | 1.3 STREET ADDRESS |  |  |  |  |  |  |
| CITY-ST-ZIP                | KEY LARGO FL        |   |  |  |  |      |  |   |  | 1.4 CITY-ST-ZIP    |  |  |  |  |  |  |
| TITLE                      | PD                  | WILKINSON, CLAIRE C   |  |  |  |      |  | <input checked="" type="checkbox"/> DELETE            |  | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |  |  |
| NAME                       | WILKINSON, CLAIRE C |   |  |  |  |      |  |   |  | 2.2 NAME           |  |  |  |  |  |  |
| STREET ADDRESS             | 141 AREGOOD LANE    |   |  |  |  |      |  |   |  | 2.3 STREET ADDRESS |  |  |  |  |  |  |
| CITY-ST-ZIP                | ISLAMORADA FL 33036 |   |  |  |  |      |  |   |  | 2.4 CITY-ST-ZIP    |  |  |  |  |  |  |
| TITLE                      | STD                 | MARR, MARY  |  |  |  |      |  | <input type="checkbox"/> DELETE                       |  | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |  |  |
| NAME                       | MARR, MARY          |   |  |  |  |      |  |   |  | 3.2 NAME           |  |  |  |  |  |  |
| STREET ADDRESS             | 204 S AIRPORT RD    |   |  |  |  |      |  |   |  | 3.3 STREET ADDRESS |  |  |  |  |  |  |
| CITY-ST-ZIP                | TAVERNIER FL 33070  |   |  |  |  |      |  |   |  | 3.4 CITY-ST-ZIP    |  |  |  |  |  |  |
| TITLE                      | D                   | MCAFFEE, DAN  |  |  |  |      |  | <input type="checkbox"/> DELETE                       |  | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |  |  |
| NAME                       | MCAFFEE, DAN        |   |  |  |  |      |  |   |  | 4.2 NAME           |  |  |  |  |  |  |
| STREET ADDRESS             | 167 FIRST CT        |   |  |  |  |      |  |   |  | 4.3 STREET ADDRESS |  |  |  |  |  |  |
| CITY-ST-ZIP                | KEY LARGO FL        |   |  |  |  |      |  |   |  | 4.4 CITY-ST-ZIP    |  |  |  |  |  |  |
| TITLE                      | D                   | YPSILANTI, CHRIS  |  |  |  |      |  | <input type="checkbox"/> DELETE                       |  | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |  |  |
| NAME                       | YPSILANTI, CHRIS    |   |  |  |  |      |  |   |  | 5.2 NAME           |  |  |  |  |  |  |
| STREET ADDRESS             | 238 2ND RD          |   |  |  |  |      |  |   |  | 5.3 STREET ADDRESS |  |  |  |  |  |  |
| CITY-ST-ZIP                | KEY LARGO FL 33037  |   |  |  |  |      |  |   |  | 5.4 CITY-ST-ZIP    |  |  |  |  |  |  |
| TITLE                      |                     |   |  |  |  |      |  | <input type="checkbox"/> DELETE                       |  | 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |  |  |  |
| NAME                       |                     |   |  |  |  |      |  |   |  | 6.2 NAME           | Director   |  |  |  |  |  |
| STREET ADDRESS             |                     |   |  |  |  |      |  |   |  | 6.3 STREET ADDRESS | Sara Heft  |  |  |  |  |  |
| CITY-ST-ZIP                |                     |   |  |  |  |      |  |   |  | 6.4 CITY-ST-ZIP    | 12 Cinnamon Bark Ln.<br>Key Largo, FL 33037                                  |  |  |  |  |  |

14. I 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, with all other like empowered.

SIGNATURE: Connie Chappell Chapell 4-20-99 305 451-2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #