


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003396					
1. Corporation Name STEWARDS FOR THE SOUTHEAST FLORIDA AQUATIC PRESE RVES, INC.					
Principal Place of Business 1801 S.E. HILLMOOR DR., STE. C-204 PORT ST. LUCIE FL 34952			Mailing Address 1801 S.E. HILLMOOR DR., STE C-204 PORT ST. LUCIE FL 34952		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/25/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0833190	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ADAMS, PATRICIA L 1801 S.E. HILLMOOR DR., STE. C-204 PORT ST. LUCIE FL 34952				81 Name BRANDON S. SCHMIT	
				82 Street Address (P.O. Box Number is Not Acceptable) 1801 S.E. HILLMOOR DRIVE, SUITE C-204	
				83	
				84 City PORT ST. LUCIE FL 85 Zip Code 34952	

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 Brandon S. Schmit **BRANDON S. SCHMIT** 3/8/99
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	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD	12 NAME	
STREET ADDRESS	200 9TH STREET SE	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	14 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, BRIAN	22 NAME	D.P.
STREET ADDRESS	1801 S.E. HILLMOOR DR., STE. C-204	23 STREET ADDRESS	WILLIAMS, STEVEN L.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	24 CITY-ST-ZIP	1801 S.E. HILLMOOR DRIVE, SUITE C-204 PORT ST. LUCIE, FL 34952
TITLE	DPE <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, ROBERT	32 NAME	
STREET ADDRESS	1900 S. HARBOR CITY BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	34 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, RICHARD	42 NAME	
STREET ADDRESS	2646 SW MAPP ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	44 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTTO, LIBERTA	52 NAME	
STREET ADDRESS	P.O. BOX 1529 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34991	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, ROBERT	62 NAME	
STREET ADDRESS	510 E. PRIMA VISTA BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	64 CITY-ST-ZIP	

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: Steven L. Williams **STEVEN L. WILLIAMS** 3/8/99 (561) 871-7662

CR2E037 (11/98)