

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002050 (9)**

1. Corporation Name

**AQUATIC REALM INTERNATIONAL RESEARCH AND PRESERVATION SOCIETY, INC.**



Principal Place of Business <b>2435 E. NORTH STREET, SUITE 318 GREENVILLE SC 29615</b>	Mailing Address <b>2435 E. NORTH STREET, SUITE 318 GREENVILLE SC 29615</b>
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3. Date Incorporated or Qualified  
**04/10/1997**

4. FEI Number  
**58-2309230**

Applied For  
☐ Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VASILENKO, CHRISTOPHER J</b>		1.2 NAME	
STREET ADDRESS <b>P.O. BOX 12273</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GREENVILLE SC 29612</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VASILENKO, LISA M</b>		2.2 NAME	
STREET ADDRESS <b>202 BARRETT DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MAULDIN SC 29662</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VASILENKO, LISA M</b>		3.2 NAME <b>Vera T. Vasilenko</b>	
STREET ADDRESS <b>202 BARRETT DRIVE</b>		3.3 STREET ADDRESS <b>202 Barrett Dr</b>	
CITY-ST-ZIP <b>MAULDIN SC 29662</b>		3.4 CITY-ST-ZIP <b>Mauldin SC 29662</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *C Vasilenko* Christopher J. Vasilenko 3/11/98 (864)470-8219

CP2E037 (10/97)