

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002050

1. Corporation Name

AQUATIC REALM INTERNATIONAL RESEARCH AND PRESERVATION SOCIETY, INC.

Principal Place of Business

2435 E. NORTH STREET, SUITE 318
GREENVILLE SC 29615

Mailing Address

2435 E. NORTH STREET, SUITE 318
GREENVILLE SC 29615

FILED
May 06, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

58-2309230

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **VASILENKO, CHRISTOPHER J**
STREET ADDRESS **P.O. BOX 12273**
CITY-ST-ZIP **GREENVILLE SC 29612**

TITLE **SD** ☒ DELETE

NAME **VASILENKO, LISA M**
STREET ADDRESS **202 BARRETT DRIVE**
CITY-ST-ZIP **MAULDIN SC 29662**

TITLE **TD** ☒ DELETE

NAME **VASILENKO, VERA T**
STREET ADDRESS **202 BARRETT DR**
CITY-ST-ZIP **MAULDIN SC 29662**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Vasilenko, Christopher J**
1.3 STREET ADDRESS **831 Harvey Rd**
1.4 CITY-ST-ZIP **Greer SC 29651**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Boerschmann, Frank**
2.3 STREET ADDRESS **100 Pelham Rd #2202**
2.4 CITY-ST-ZIP **Greenville, SC 29615**

3.1 TITLE **SD** ☐ Change ☒ Addition

3.2 NAME **Vasilenko, Rebecca B**
3.3 STREET ADDRESS **831 Harvey Rd**
3.4 CITY-ST-ZIP **Greer, SC 29651**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Thamiz, Tom**
4.3 STREET ADDRESS **120 Avon Dr**
4.4 CITY-ST-ZIP **Taylors SC 29687**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Williams, Joe**
5.3 STREET ADDRESS **3620 Pelham Rd**
5.4 CITY-ST-ZIP **Greenville SC 29615**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Hankins, Mark**
6.3 STREET ADDRESS **1221 Brickell Ave Suite 900**
6.4 CITY-ST-ZIP **Miami FL 33131**

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.99

Date

864 470-8219

Daytime Phone #

CR2E037 (11/98)