FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000021477**1. Corporation Name

STREET ADDRESS

FLORIDA SEA LIFE, INC.

| Principal Place | Principal Place of Business Mailing Address | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|----------------------------|--|--|-------------------------|---|---|----------------------|---|
| 621 23RD STRE | | 5-125TH ST GULF | | · | 7 | | |
| MARATHON FL 33050 | | MARATHON SHORES FL 33050 US | | | DO NOT WRITE IN THIS SPACE | | |
| | | 03 | | | 3. Date Incorporated or Qualifed | | <u> </u> |
| | | | | | 03/18/1993 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 5800 OVERSE | 26 5800 OVERSEAS HWY. | | 65-0405568 | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | • | Additional |
| 22 | | | 27 SUITE 35-40 | | Fee Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing | | May Be |
| 23 | | 28 MARATHON, | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | | | SA | 8. This corporation owes the current year Intar Personal Property Tax. | ngible □Yes | □No |
| 24 | 9. Name and Address of Cur | | <u> </u> | 3// | 10. Name and Address of New Registered A | | |
| | 3. Name and Address of Cul | Telli Negisiered Agent | 81 | Name | 10. | | |
| FRANKLIN D. GREENMAN, P.A. | | | | O Company (DO Day Musharia Mark Association) | | | |
| 5800 OVERSEAS HWY | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 40 | | | 83 | 3 | | • | |
| MARATHON FL 33050 | | | - | | 1-11- | 105 7: | p Code |
| | | | 84 | City | FL | 85 Zip | b Code |
| office or r | egistered agent or both in the St | 0502 and 607.1508, Florida Statutes, ate of Florida. Such change was autho digations of, Section 607.0505, Florida | orizea Di | / the corpo | corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoint | nanging i ment as | its registered registered |
| SIGNATURE | | | | | | | <u>`</u> |
| | Signature, typed or printed name of registered | | | ent signature r | equired when reinstating) DATE DATE | . DIDEO | TODE IN 12 |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | ☐ Change | |
| TITLE | VPTS | □ OCCETE | 1.2 NAME | | | | |
| NAME | WARREN, WOHLERS | | | T ADDDCOO | | 1 | |
| STREET ADDRESS | 5 125TH ST GULF | | | ET ADDRESS | 1 to | 4.3 | |
| CITY-ST-ZIP | MARATHON FL 33050 | ☐ DELETE | 1.4 CITY-: 2.1 TITLE | SI-ZIP | <u> </u> | ☐ Change | e |
| TITLE | | الم المراد الم | 2.7 MAME | | | | |
| NAME | | | | ET ADDRESS | | | 1 |
| STREET ADDRESS | | | 2.3 STREE | | | | • |
| CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE | 51-ZIP | | Change | e Addition |
| TITLE | | | 3.2 NAME | | | | |
| NAME STREET ADDRESS | | | | ET ADDRESS | | | |
| | | | 3.4. CITY- | | · | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE | | | Change | e 🔲 Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | · · | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | |
| TITLE | _ _ | ☐ DELETE | 5.1 TITLE | | | ☐ Change | e Addition |
| NAME | | _ | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | | J | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | e Addition |
| NAME | | | 6.2 NAME | | | | |

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 607, 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90122 020 ***150.00