

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093031 (0)
1. Corporation Name
BISCAYNE AQUATIC SOCIETY, INC.

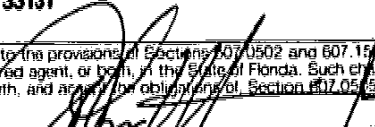
Principal Place of Business Mailing Address
**1000 NW 54TH STREET
MIAMI FL 33127** **1000 NW 54TH STREET
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/22/1994	3a. Date of Last Report
21		26		4. FEI Number 65-0566692	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TUTTLE, WILLIAM M II 1700 ALFRED I DUPOIN BLDG 180 E FLAGLER STREET MIAMI FL 33131				81 Name	John C. Harrison, Jr.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1000 N. W. 54 Street		
				83			
				84 City	Miami	85 FL	86 Zip Code 33127

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 agree to, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  **John C. Harrison, Jr., President** DATE: **4/18/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOHN C JR	12 NAME	
STREET ADDRESS	%1000 NW 54TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	14 CITY - ST - ZIP	
TITLE	VS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, WILLIAM M II	22 NAME	Secretary
STREET ADDRESS	1000 NW 54TH STREET	23 STREET ADDRESS	Tatum, Harvey
CITY - ST - ZIP	MIAMI FL 33127	24 CITY - ST - ZIP	1000 N. W. 54 Street
TITLE		25 CITY - ST - ZIP	Miami, FL 33127
NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
TITLE		34 CITY - ST - ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
TITLE		44 CITY - ST - ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
TITLE		54 CITY - ST - ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attached file with an address.

SIGNATURE:  **John C. Harrison, Jr., Pres** DATE: **4/18/95** TELEPHONE: **305-757-0621**