FILE WOW:-FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State # DIVISION OF CORPORATIONS

DOCUMENT # P96000006097 (5)

OCEANS, REEFS & AQUARIUMS, INC.

Principal Place of Business 265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480		265 SUNRISE SUITE 204	Mailing Address 265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480-3812			3. Date in	corporated or Qualifie		ate of Last Re	eport
						01/19	/1996			
L '	lace of Business	2a. Mailing Ad	ddress			4. FEI Nur			Ap	plied For
21		26				65-00	557787			t Applicable
Suite, Apt.	#, etc	Suite, Apt	. #, etc.			5. Certific	ate of Status Desired		\$8.75 A	
City & State	0	City & Sta	te			8. Election	Campaign Financing		\$5.00	
23		28			<u></u>		nd Contribution		Added t	o Fees
Zip	Country	Ζιρ		Country			poration has liability f	or intangible		. 199.032,
24	25 9. Name and Address of	29 Current Registered Ager		30			Statutes Ind Address of New			
, MIN	ITMIRE, DONALD F			81	Name	***************************************	,	· 		
	SUNRISE AVENUE			82	Street A	Address (P.O. Box	Number is Not Accep	table)		
	TE 204									
PAL	M BEACH FL 33480			83						
				84	City			FL	85 Zip (Code
14. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Ft	orida Statute	s, the above	e-named (corporation submi	s this statement for th	e nurnose d	t changing it	s registered
office or r agent. La -"SIGNATURE	registered agent, or both, in the am familiar with, and accept the	ne State of Florida. Such of the obligations of, Section 6	nange was ai i07.0505, Flor	utnorized by rida Statutes	tne corp s.	oration's poard of	directors. I nereby ac	cept the ap	ooinimeni as	registereo
Orem di tri Oriti		and the second s	ALIOTY.	Designation of Age		essuined when reinstation		DATE		
12.	Signative Type of or printed name of regis		(NOTE	Registered Age	ent signature i	required when rainstating ADDITIO	NS/CHANGES TO OF	DATE FICERS AN	DIRECTOR	S IN, 12
		RS AND DIRECTORS	(NOTE		ent signature i	ADDITIO President	NS/CHANGES TO OF	FICERS AN	DIRECTOR Change	S IN 12
12.	OFFICE D MINTMIRE, DONALD F	RS AND DIRECTORS		13.	ent signature i	ADDITIO President Richard	NS/CHANGES TO OF	FICERS AN		
*12. Title	OFFICE D MINTMIRE, DONALD F % 285 SUNRISE AVENU	RS AND DIRECTORS UE SUITE 204		13. 1.1 TITLE		ADDITIO President Richard	NS/CHANGES TO OF	FICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE D MINTMIRE, DONALD F	JE SUITE 204	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS	ADDITIO President Richard Sa	w. A. Pouts we address	FICERS AN	☐ Change	Addition
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14. I do 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.

FILED

May 29 1997 8:00am

Secretary of State