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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Basiness
21 20 50. BISCAYNE BLVD.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015155

1, Corporation Name

TRITON INTERNATIONAL SHARK & SEA-LIFE COMPANY, I NC.

Principal Place of Business
3800 S OCEAN DR. #1720
HOLLYWOOD FL 33019

Mailing Address

P.O. BOX 80-0346 MIAMI FL 33280

2a. Mailing Address

26

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90002 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/19/1996

65-0646681

4. FEI Number

							A		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		\$8.75 A Fee Re	I	
City & State · FL	City & State			6. Election Can Trust Fund 0	npaign Financing		\$5.00 Added t		
7 Country	Country Zip Country					ant woor Inte			
Zip / Country A 25 VS A	29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes					
9. Name and Address of Curren	t Registered Agent	81		10. Name and	Address of New I	Registered	Agent		
KALISKY, STEVEN I 3800 S OCEAN DR, #1720 HOLLYWOOD FL 33019			Name Street Address	oo /D O. Boy Num	her is Not Accept	able)			
			82 Street Address (P.O. Box Number is Not Acceptable)						
÷		83							
		84	City			FL	. '	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE									
Signature, typed or printed name of registered ager	, ,		signature required v			DATE	0.0000000		
	ID DIRECTORS 1:			ADDITIONS/0	CHANGES TO OF	FICERS AN	Change	Addition	
TITLE PSD	☐ DELETE 1.1	TITLE					Change	L Addition	
NAME KALISKY, STEVEN I	1.2	1.2 NAME						{	
STREET ADDRESS 3800 S OCEAN DR, #1720	1.3	STREET	ADDRESS						
CITY-ST-ZIP HOLLYWOOD FL 33019	1.4	CITY-ST	-ZIP		•				
TITLE VSTD	☐ DELETE 2.1	2.1 TITLE					☐ Change	☐ Addition	
NAME KALISKY, FLORENCE	22	NAME						ļ	
0000 0 00EAN DD 44700			ADDRESS					j	
HOLLWHOOD EL 22040								_	
		CITY-ST	- ZIP				☐ Change	Addition	
TITLE	_	TITLE					onango		
NAME	3.2	NAME						İ	
STREET ADDRESS	3.3	STREET	ADDRESS						
CITY-ST-ZIP	3.4	CITY-ST	- ZIP						
TITLE	DELETE 4.1	TITLE					Change	Addition	
NAME	4.2	NAME						1	
STREET ADDRESS	4.3	STREET	ADDRESS						
CITY-ST-ZIP		CITY-ST	-ZIP						
TITLE	☐ DELETÉ 5.1	TITLE					☐ Change	Addition	
NAME .	5.2	NAME							
STREET ADDRESS	i		ADDRESS						
CITY-ST-ZIP		CITY-ST	-ZIP						
TITLE		TITLE					Change	☐ Addition	
NAME	. 6.2	NAME						ļ	
STREET ADDRESS			ADORESS						
CITY-ST-ZIP		CITY-ST							
14. I hereby certify that the information supplied wi	th this filing does not qualify for the en	cemptic	on stated in Se	ction 119.07(3)(i)	Florida Statutes.	I further cer	tify that the i	ntormation	

receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporati Block 12 or Block 13 if changed

Applied For

Not Applicable