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 # **P98000045122**1. Corporation Name

AQUARIUMS BY THE SEA, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90257 003 ***150.00



·				
Principal Place of Business	Mailing Address			111 #9##1 #11#1 (trata timi# timt tam)
7446 ROYAL PALM BLVD.	7446 ROYAL PALM BLVD.			
MARGATE FL 33063 MARGATE FL 33063			DO NOT WIDE IN T	IIC CDACE
			DO NOT WRITE IN TH	110 OFACE
·			05/19/1998	
2. Principal Place of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 21 892 N.E 41 PLACE	26 2408 N.W 9/	Line	65-0837 605	Not Applicable
21 892 N.E 41 PLACE Suite, Apt. #, etc.	Suite, Apt. #, etc.	TUE		\$8.75 Additional
22	27 Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 POMDANO BRACH FL	28 CORAL SPRING	95 FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible
24 3 3064 25 USA	29 33065 30	USA	Personal Property Tax.	ŬYes □No
9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
81 N			Dinassia	
BENDER, SCOTT M ESQ.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
, 7446 ROYAL PALM BLVD.		2408	N.W 9 Ave	Í
MARGATE FL 33063		83		
, , ,		24 - 211		ne Zin Codo
		84 City	SDRINGS F	L 85 Zip Code 3 3065
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above named corn	poration cultures this statement for the numose	of changing its registered
: office or registered agent, or both, in the State	e of Florida. Such change was auth	lonzed by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with and accept the oblig	/· 1.		וטכן ע	100
SIGNATURE Signapore, typed obsprinted frame of registered ag	ent and title if applicable. (NOTE: Re	D'ACESSIO egistered Agent signature require	d when reinstating) QATE	
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME JANVET D'ALESSIO		1.2 NAME		
STREET ADDRESS 2408 N.W 91 AVE	ı	1.3 STREET ADDRESS		
CHY-ST-ZIP CORAL SPRINGS F	2 33065	1.4 C/TY-ST-ZIP		
TITLE CORPACT SPRINTED	DELETE	2.1 TITLE		Change Addition
NAME	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	•	
1 .	May of a commentation	2.4 CITY-ST-ZIP	بشاسيتها بالمساقية	
CITY:ST-ZIP	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
f		3.4. CITY-ST-ZIP		;
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
1		4.2 NAME		
NAME CYPETA ADDRESS		4.3 STREET ADDRESS		
STREET ADDRESS		■ 1		
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	☐ \$CCCIC	5.2 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		Change Addition
TITLE .	☐ pereic	6.2 NAME		□ ava.'à- □ t.equiqu
NAME		6.3 STREET ADDRESS		
STREET ADDRESS .				
CITY-ST-ZIP		6.4 CITY+ST-ZIP		

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.

SIGNATUREX