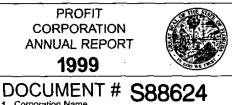
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90033 003 ***150.00

OCEAN	A AQUARIUMS, INC							
Principal Plac	e of Business	Mailing Address	-			- 1	imit mimit midit i	######################################
6001 N.W. 87TH AVENUE 494 SPINNAKER								
PARKLAND FL 33367 WESTON FL 33326		WESTON FL 33326				DO NOT WRITE IN THIS	SDACE	
						3. Date incorporated or Qualified	SPACE	
						10/21/1991		\
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0294431	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-5 Certificate of Status Desired	_ \$8.75 / Fee Re	Additional:
City & Stat	ie .	City & State				6. Election Campaign Financing	\$5.00	 _
23	- · ·	28				Trust Fund Contribution	Added	
Zip	Country	Zip	Čou	ntry		8. This corporation owes the current year in	engibie	
24	25		30	,		Personal Property Tax.	Yes	□No
	9. Name and Address of Curro	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
TIED	DER, RICHARD J		· ·	•	Name			
	SPINNAKER			82	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
WES	STON FL 33326		Ì	83				
				84	City		85 Zip	Code
						FL	<u>. </u>	
44 0		00 and 007-4500 Elevide Statut			named aama			
		502 and 607-1508, Florida Statute e of Florida. Such change was all pations of, Section 607.0505, Flor	es, the at uthorized ida Statu	bove I by ti utes.	-named corpo the corporation	oration submits this statement for the purpose of n's board of directors, I hereby accept the appoi	ntment as re	gistered
11. Pursuant office or o agent. I a SIGNATURE		XIV.K		_	-named corpo the corporation		ntment as re	gistered
	Signature, typed or printed name of registered at OFFICERS A	ONLAND DIRECTORS (NOTE:	Registered	Agent			D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	Tool and Mis if spolloodile. (NOTE:	Registered 13.	Agent		when reinstating) DATE 3	.31.4 /	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A	ONLAND DIRECTORS (NOTE:	13. 1.1 TIT 1.2 NA	Agent TLE VME	signature required	when reinstating) DATE 3	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS AT TIEDER, RICHARD J 494 SPINNAKER	ONLAND DIRECTORS (NOTE:	13. 1.1 TIT 1.2 NA 1.3 ST	Agent TLE AME	signature required	when reinstating) DATE 3	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A P TIEDER, RICHARD J 494 SPINNAKER WESTON FL 33326	Toward New Population (NOTE: NND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI	Agent TLE AME REET	signature required	when reinstating) DATE 3	D DIRECTO	PS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS AT P TIEDER, RICHARD J 494 SPINNAKER WESTON FL 33326	ONLAND DIRECTORS (NOTE:	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CTI 2.1 TIT	Agent TLE AME TY-ST-	signature required	when reinstating) DATE 3	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P TIEDER, RICHARD J 494 SPINNAKER WESTON FL 33326 VP TIEDER, SHEILA	Toward New Population (NOTE: NND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CTI 2.1 TIT 2.2 NA	Agent TLE AME TY-ST- TLE AME	ADDRESS	when reinstating) DATE 3	D DIRECTO	PS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEDER, RICHARD J 494 SPINNAKER WESTON FL 33326 VP TIEDER, SHEILA 494 SPINNAKER	ON DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 2.4 CIT 2.7	Agent TLE TREET / TLE TREET / TLE TREET / TLE TLE TLE	ADDRESS ADDRESS	when reinstating) DATE 3	D DIRECTO	ORS IN 12 Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954 748 9092 Daytime Phone #