P CORF ANNU	NOW: FILING FEE ROFIT PORATION AL REPORT 9968 2390	FLORIDA DEPAI Sandra I	S \$225.00  RIMENT OF STATE B Mortham ry of State GORPOCKUTIONS		
DOCUMENT # <b>J14055</b> (4)					
1, Corporation I	SCUBA SUPPLY, INC.				
551	GOODA GOLLET, INC.				This 8182 Fidio 1960 Airis 4060 Airis 1960
Principal Place o	of Business	Mailing Address			
15 NORTH FEDERAL HIGHWAY		15 NORTH FEDERAL	HIGHWAY		
POMPANO BEACH FL 33062		POMPANO BEACH FL	. 33062		
				3. Date Incorporated or Qualified 05/13/1986	3a. Date of Last Report 08/02/1995
2. Principal Place of Business		2a. Maiting Address		4. FEI Number	Applied For
Suite. Apt. #. etc.		Suite, Apt #, etc.		59-2667911	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Ζφ	Country	This corporation has liability or inta	
24	g, Name and Address of Currer	29	30	Fiorida Statutes Yes [	
	9. Name and Address of Currer	it negistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	nberg, Brian		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
12515 N VIENDAU DR. Miami Fl 33186			83		
MIAMI	·L 33186				
			84 Gity		FL 85 Zip Code
or registered familiar with SIGNATURE	of agent, or both, in the State of Flori , and accept the obligations of, Sect gradu. Next or process as correspondences	da: Such change was authoriza tion 607.0505, Florida Statules.	d by the corporation's bo  Bigsters Agent squarum result 13.	oration submits this statement for the purpor and of directors. Thereby accept the appoin and other remaining.  ADDITIONS/CHANGES TO OFFICE	Itment as registered agent 1 am
TITLE	PST	DELETE	1 1 T.TLE		Change Addition
NAMÉ	PALLOTTA, PETER C. 15 NORTH FEDERAL HIGH	ALIAV	1.2 NAME		Change Distriction 15
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL	AT	1.3 STREET ADDRESS 1.4 CHTY-SE-ZIP		ZE
TITLE	D	DELETE	2 1 FITLE		☐ Change ☐ Addition ☐
NAME	PALLOTTA, PETER C.	MAYA V	2.2 NAME		
STREET ADDRESS CITY - ST - ZIP	15 NORTH FEDERAL HIGH POMPANO BEACH FL	MAI	2.3 STREET ADORESS 2.4 City - St - Zip		
TITLE		DELETE	3 1 T-TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHTY-SD-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-S1-ZIP TITLE		DELETE	5 1 TITE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE1E	5.4 CHY+S1+ZIP 6.1 THTLE		Change
NAME		_ 5	6.2 NAME		Fil awards Fit Granton
STREET ADDRESS			63 STREET ADDRESS		
City-St-ZiP	certify that the information supplied	with this fland is voluntarily furnic	64 City-St-ZiF	r for the exemption stated in Section 119.07	(3)(x) Florida Statutes I further
certify that f oath; that I	the information indicated on this acqu	ual report or supplemental annuation or the receiver or trustee	at report is true and accurate to empowered to execute to	roll the exemplor stated in Section 113.07 inale and that my signature shall have the sathis report as required by Chapter 607, Florid his report as required by Chapter 607, Florid 113.07	me legal effect as if made under da Statutes; and that my name
SIGNATI	JRE: SIGNATURE AND TYPED OF	REPRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	J 8/36/90	954-946-6055 Dujane Phone K