FILE NOW: 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 # J14055

(4)

U S 1 SCUBA SUPPLY, INC.

City & State

Zip

28

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POMPANO BEACH FL 33062

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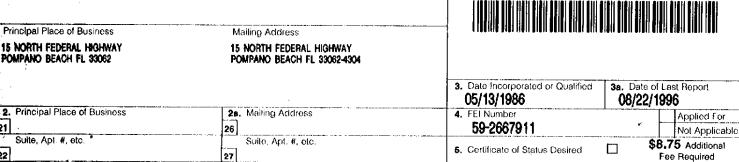
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Zip

City & State

FILED May 13 1997 8:00am Secretary of State



9. Name and Address of Current Registered Agent **GOLDENBERG, BRIAN** 12515 N VIENDAU DR. **MIAMI FL 33186**

25

Country

	to, wante and realists of the
81	Name
82	Street Address (P.O. Box Number is Not Acc
83	

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	

85

This corporation has liability for intangible tax under s. 199.032,

Yes No

\$5.00 May Be

Added to Fees

Zip 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

City

Country

30

12	OFFICERS AND DIRECTORS	1 10	ADDITION DIOLAN	IGES TO DESIGNES AND DIRECTOR	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Flegistered Agent s	ignature required when reinstatica)	DATE	
SIGNATURE		, I			
		3 1			
agent. I	am familiar with, and accept the obligations of, Section 60	07.0505, Florida Statutes.	,	The state of the s	, 29,0,0,0
OHIGO	r registered agent, or potit, in the state of Fronda, Such cu-	lange was authorized by th	c comporation's board of directors	I hereby accept the appointment as	registered

SIGNATURE			<u> </u>			
	Signature, typed or printed name of registered agent and title if applica		egistereó Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		Charige	Addition
NAME	PALLOTTA, PETER C.		1.2 NAME			
STREET ADDRESS	15 NORTH FEDERAL HIGHWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - \$1 - ZIP			İ
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	PALLOTTA, PETER C.		2.2 NAME			
STREET ADDRESS	15 NORTH FEDERAL HIGHWAY		2.3 STREET ADDRESS			
CHTY-ST-ZIR-	POMPANO BEACH FL		2 4 CITY - ST - ZIP			
TITLE	1 - 12	DELETE	3 1 THTLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			İ
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS	•		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STHELT ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-2(P			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			İ
CITY-ST-ZIP			G.4 City - S1 - ZIP			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amual 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 clock 13 if changed, or on an attachment with an address.