


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 07 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25160 (5)**

1. Corporation Name  
**REEF SEEKERS DIVE CLUB, INC.**



Principal Place of Business 2000 E EDGEWOOD DR SUITE 108B LAKELAND FL 33803 US	Mailing Address 2000 E EDGEWOOD DR STE. #108B LAKELAND FL 33803 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1988</b>	3a. Date of Last Report <b>02/08/1996</b>
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number <b>59-2883514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G.**  
**2000 E. RIDGEWOOD DR.**  
**STE. #108B**  
**LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARKSON, CHANDLER</b>
STREET ADDRESS	<b>1409 PLANTATION CIR #403</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HURT, BARRY</b>
STREET ADDRESS	<b>144 LAKE SEARS DR</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SADLER, JERRE</b>
STREET ADDRESS	<b>P.O. BOX 231 N/A</b>
CITY-ST-ZIP	<b>HIGHLAND FL 33846</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FLENIKEN, BOB</b>
STREET ADDRESS	<b>8040 GLENRIDGE LOOP W</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MUHLAN, MARK</b>
STREET ADDRESS	<b>8409 WHISPER TR</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hoopinger, Charles</b>
2.3 STREET ADDRESS	<b>311 Clayton Rd</b>
2.4 CITY-ST-ZIP	<b>Auburn Dale, FL 33823</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED

CR2E037 (4/97)