


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N37080 (1)
 1. Corporation Name
NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)



| | |
|---|---|
| Principal Place of Business 90 NW 189TH STREET MIAMI FL 33169 | Mailing Address 1234 S. DIXIE HWY #160 CORAL GABLES FL 33146 |
|---|---|

3. Date Incorporated or Qualified
03/09/1990

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0177556 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|-----------------------------|
| 2. Principal Place of Business 21 6500 PRADO BLVD | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State 23 CORAL GABLES, FL. | City & State 28 |
| Zip 24 33143 | Country 25 U.S.A. |
| | Zip 29 |
| | Country 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GAST, MICHAEL W
90 NW 189TH STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAST, MICHAEL W | 1.2 NAME | |
| STREET ADDRESS | 90 NW 189 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOXLEY, DONALD | 2.2 NAME | |
| STREET ADDRESS | 4300 SHERIDAN STREET., #232 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFF, RANDY | 3.2 NAME | |
| STREET ADDRESS | 6500 PRADO BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLAND, KEVIN C | 4.2 NAME | |
| STREET ADDRESS | 16940 SW 119TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOY, PAUL G | 5.2 NAME | |
| STREET ADDRESS | 12121 SW 100TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

SIGNATURE: **Randy Hoff** SECRETARY 01-02-97 305-666-9096

CR2E037 (10/97)