


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000036812</b>			
1. Corporation Name <b>BARRY ALLISON SCUBA SALES, INC.</b>			
Principal Place of Business 953 FALLING WATER RD. WESTON FL 33326		Mailing Address 953 FALLING WATER RD. WESTON FL 33326	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>2207 N.E. 15th Court</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>2207 NE 15th Court</b> Suite, Apt. #, etc. 27	
23 <b>Ft. Lauderdale, FL</b> City & State Zip <b>33304</b> Country <b>USA</b>		28 <b>Ft. Lauderdale FL</b> City & State Zip <b>33304</b> Country <b>USA</b>	
24 <b>33304</b> 25 <b>USA</b>		29 <b>33304</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>ALLISON, GEORGE B</b> <b>953 FALLING WATER RD.</b> <b>WESTON FL 33326</b>		10. Name and Address of New Registered Agent 81 Name <b>Allison George B.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2207 NE 15th Court</b> 83 84 <b>Ft. Lauderdale</b> <b>FL</b> 85 Zip Code <b>33304</b>	
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 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 607.0505, Florida Statutes. SIGNATURE <b>George B. Allison, Pres.</b> DATE <b>3/23/99</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>George B. Allison</b> <input checked="" type="checkbox"/> DELETE <b>953 Falling Water Rd</b> <b>Weston, FL 33326</b> <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>George B. Allison</b> 1.3 STREET ADDRESS <b>2207 NE 15th Court</b> 1.4 CITY-ST-ZIP <b>N. Lauderdale, FL 33304</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: **George B. Allison, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/12/99**  
Date

**954-294-5926**  
Daytime Phone #

CR2E034 (1/1/98)