PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036812

1. Corporation Name

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

03-01-1999 90149 024 ***150.00

BAHHY	allisun scuba sales, inc	,.				
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		N 19 A 14			<u> </u>	
Principal Plac		Mailing Address 953 FALLING WATER RD.				
953 FALLING W WESTON FL 33		WESTON FL 33326				
1120707112				DO NOT WRITE IN TH	IS SPACE	
				Date incorporated or Qualifed	Ì	
				04/22/1998	1 1 6 11 15 15	
	lace of Business	28. Mailing Address 26 2207 NE 15	U /+	4. FEI Number 65-08 28190	Applied For Not Applicable	
21 2207 Suite, Apt.	N.E. 15 th Court	26 220 / NE /3 7	h COUPT		\$8.75 Additional	
22	#, etc.	27 Suite, Apr. #, 810.		5. Certificate of Status Desired	Fee Required	
City & Stat	e .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Ft. Lac	uderdale, 76	28 Ft. Landerde	ale R	Trust Fund Contribution	Added to Fees	
Zip 27.0.4	Country	777704	Country A	8. This corporation owes the current year	Intangjöle MiYes □No	
24 53.0-7	9. Name and Address of Current	29 333 <u>V27 3</u>	<u> </u>	Personal Property Tax. 10. Name and Address of New Registers		
	9. Name and Address of Current	Kadisteren Måent	81 Name /	7)		
ALLI	SON, GEORGE B	•	1	llison, beorge B		
953	Falling water RD.		82 Street Addin	ess (P.O. Box Number is Not Acceptable)		
WES	TON FL 33326		83			
					les 7in Codo	
			184 9th. Le	onderdale F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auti ons of, Section 607.0505, Florid	onzed by the corporational statutes.			
ſ	George B. Allison	v. Pres.			3/59	
SIGNATURE	Signature, typed or printed rigine of registered agent a	and tiple if applicable. (NOTE: Ri	gistered Agent eignature required	(when ministating) DATE		8
12.	OFFICERS AND	V-7	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	CR2E034 (11/98)
TITLE	George B. Allison	<i>y</i> / '_	1.1 TITLE PRESS	reorge 15, Itilisan	. (2)	→
NAME	953 Falling W	ater Rd	13 STREET ADDRESS 2	201 NE 15th Court	•	8
STREET ADDRESS	Weston FL 3	33326	1.4 City-st-ZP	VI. Lander dele R 33	304	ន
TITLE	00-310N, 70-3	☐ DELETE	2.1 TITLE	V	☐ Change ☐ Addition	ರ
NAME			22 NAME	•	j	
STREET ADDRESS			2.3 STREET ADDRESS		:	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>		•
TITLE		OELETE	31 TITLE		☐ Change ☐ Addition	
NAME !			3.2 NAME		}	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition	
=mr.E		☐ DELETE	4.1 TITLE			
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition	
IME		C) occese	5.1 TITLE 5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS:			5.4 CITY-ST-ZIP		1	
CTY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		<u></u>	6.2 NAME		ł	
STREET ADDRESS			6.3 STREET ADDRESS		•	
			B.4 CITY-ST-ZIP		}	
CITY-ST-ZIP						

14. 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 807, 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.