


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 3062821. Corporation Name
SUBOCEANIC CONSULTANTS INCORPORATED

Principal Place of Business

277 AIRPORT RD S
NAPLES FL 34104
US

Mailing Address

277 AIRPORT ROAD S
NAPLES FL 34104
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip Country

2a. Mailing Address

26 4400 Enterprise Ave.

City & State

28 Naples, FL

29 34104

30 USA

9. Name and Address of Current Registered Agent

WILLIS, JAMES E.
4501 TAMAM Trail
SUITE 400
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	CRAWFORD, ROBERT A	
STREET ADDRESS	4030 CRAYTON ROAD	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHARLOFF, ARTHUR	
STREET ADDRESS	2262 11TH ST N	
CITY-ST-ZIP	NAPLES FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID W	
STREET ADDRESS	201 JACKSON BLVD.	
CITY-ST-ZIP	BELAIR MD	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	000003034220	
1.3 STREET ADDRESS	-11/03/99--01062--004	
1.4 CITY-ST-ZIP	***408.75 ***408	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

August 2, 1999 (741) 261-2025

Date

Daytona Phone 3

FILED

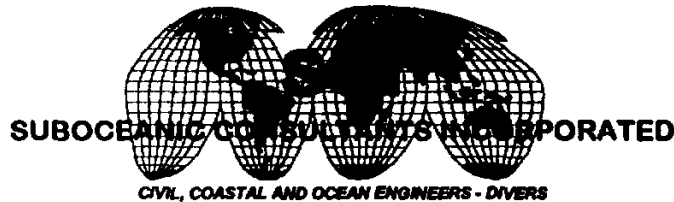
99 OCT 22 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA8969 90001005 \$150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/17/1966
4. FEI Number	59-1142222
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

C025034-11188

2



October 18, 1999

Florida Department of State
Division of Corporations
409 east Gaines St.
Tallahassee, FL 32399

Subject: Profit Corporation Annual Report, Document # 306282, Suboceanic
Consultants, Inc.

Gentlemen:

On August 2, 1999 I sent you our firm's completed annual report for 1999 along with our check for \$150.00. During the last few weeks of July, we were in the process of relocating our office, and I inadvertently missed the deadline for filing. I was not aware that a late fee should have been included with the report until today when I received your Certificate of Administrative Dissolution or Revocation. I immediately called your office to inquire why our corporation was being administratively dissolved. I was informed that on August 12, 1999 your office mailed us a notice advising that a late fee was due, but it had not been paid. I explained that we did not receive this August 12th notice. The lady from your office, who was assisting me, told me to write this letter of explanation and to send it along with a copy of the report and a check for the late fee. She indicated that because we did not receive the August 12th notice, the additional charges for reinstatement might be waved.

Enclosed is a copy of the 1999 report and a check for \$408.75. I have included an extra \$8.75 with the late fee for a Certificate of Status. If you can wave the reinstatement requirement it would be sincerely appreciated.

Sincerely,

SUBOCEANIC CONSULTANTS, INC.

Robert A. Crawford, President