FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATÈ

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 315229

(5)

UNDERWATER VISION, INC.

Principal Place of Business

Mailing Address

FILED May 12 1997 8:00am Secretary of State



Tritoper Floor of Booklada				maning (toolego						1						
950 COOPER ST VENICE FL 34295-3506			950 COOPER 8T VENICE FL 34285-3506													
										3.	Date Incorporated or Qualified 03/28/1967	ed 3a. Date of Last Report 05/20/1996				
2. Principal Place of Business				2a. Mailing Address							4.	FEI Number		İ		oplied For
21				26 7/3 EL DORPDO				20 1	'n		_	59-1164743	Not Applicab			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				•			Б.	Certificate of Status Desired				Additional
22				27 Vernier							Fee Required					
City & State				City & State 28 VENICE, FL								Election Campaign Financing	\$5.00 May Be Added to Fees			
Zip		Countr	· · · · · · · · · · · · · · · · · · ·	28	<u></u>	MICE	7-1-6	Country				Trust Fund Contribution				
24		25	·	29	342		30] [,S	.f			Yes [] No_	der s	. 199.032,
 _			ss of Current	Regi	stered	Agent			1		10.	. Name and Address of New Re	gistered A	gent		
	Jamson,d		E.					81		Name						
950 COOPER ST								82	82 Street Address (P.O. Box Number is Not Acceptable)							
VENICE FL 33595																
								В3	1							
		÷						84	T	City			FL	85	Zip	Code
11. Pursuant office or r agent. I a	to the provis registered ag im familiar w	ions of Sec jent, or boll ith, and acc	tions 607.0502 n, in the State dept the obligat	and of flor ions	607.150 ida Su of, Sect	08, Florida S chi change i ion 607.050	Statutes, was auti 05, Florid	the abov orized b a Statute	⊥ 'e-r 'y 1i 'S	named corp he corporat	oralic ion's	on submits this statement for the popular definition board of directors. I hereby acce		chang sintme	ging i	ts registered registered
SIGNATURE			e of registered agent							signature requir			DATE			
12.			FFICERS AND					13.				ADDITIONS/CHANGES TO OFFIC		DIREC	CTOF	RS IN 12
TITLE	PD					DELETI	E	1.1 TITLE						Ch		Addition
NAME	WILLIAMS	SON,DOU	BLAS E					1.2 NAME								
STREET ADDRESS	950 COO							1.3 STREET	1 AC	DRESS						
CITY-ST-ZIP	VENICE F	1						1.4 C(TY-	SI-	ZIP						
TITLE						DELF16	E	2.1 1011.8						Ch Ch	ange	☐ Addition
NAME								2.2 NAME		Ì						
STREET ADDRESS								2.3 STREET	I AD	DDRESS						
CITY-ST-ZIP								2.4 CITY-	S1	ZIP				r—		
TITLE						L DELETE	ŧ.	317ITLE		1				L Ch	ange	Addition
NAMÉ								3.2 NAME								
STREET ADDRESS								3.3 STREE								
CITY-ST-ZIP						T AFTER		3.4. CITY-	\$1-	21P						7777
TITLE						DELETE	ι	4.1 31TLE						Ch	ange	☐ Addition
NAME								4. 2 NAME								,
STREET ADDRESS								4.3 STREE								
CITY-ST-ZIP						DELET		44 DITY-5	ST-	ZIP				T ch	2000	Addition
TITLE	l					FTT DETEL	L	51 MILE						L ((1)	ange	Addition
NAME								5.2 NAME								l
STREET ADDRESS								5.3 \$TRFE								
CITY-ST-ZIP						DELETE	ř	5.4 C(1Y-1	S1-	ZII'				Ch	2000	Addition
TITLE	ļ					ריי מינינונ	L	6.1 1111.6		1					anye	LT MUUIIOIT
NAME OTDEET ADDRESS								6.2 NAME		20100						
STREET ADDRESS								6.3 STREE								
CITY-ST-ZIP	L							64 CHY-3	ST-	ZIP						

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 compretion 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 dianged, or on the attachment with an address.