

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

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 475414 (9)  
1. Corporation Name  
PROFESSIONAL DIVING SCHOOLS OF FLORIDA, INC.



Principal Place of Business  
801 SEABREEZE AVENUE  
BAHIA MAR YACHTING CTR.  
FT LAUDERDALE FL 33316

Mailing Address  
801 SEABREEZE AVENUE  
BAHIA MAR YACHTING CTR.  
FT LAUDERDALE FL 33316-1629

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
05/08/1975

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1591501

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACKAY, GREGORY R  
801 SEABREEZE BLVD  
FT. LAUDERDALE FL 33316

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 607.1508, 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

Signature has the printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACKAY, GREGORY R	
STREET ADDRESS	801 SEABREEZE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	COLF, WILLIAM	
STREET ADDRESS	4811 N.E. 15TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MACKAY, LOREN	
STREET ADDRESS	801 SEABREEZE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KREITLER, JOHN	
STREET ADDRESS	38 SLOPE DR.	
CITY-ST-ZIP	SHORTHILLS NJ	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLF, WILLIAM
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 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 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97 8016496588

Date

Daytime Phone #

CR2E034 (9/96)