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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90017 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 475414

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1975

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 515 SEABREEZE BLVD

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

Zip

24 33316

County

25 USA

2a. Mailing Address

26 515 SEABREEZE BLVD.

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33316

Country

30 USA

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)

83 515 SEABREEZE BLVD.

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, typed or printed name of registered agent; no title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

GREGORY MACKAY

4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MACKAY, GREGORY R
STREET ADDRESS 801 SEABREEZE BLVD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE TS ☒ DELETE

NAME COLE, WILLIAM
STREET ADDRESS 706 HERITAGE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE VP ☐ DELETE

NAME MACKAY, LOREN
STREET ADDRESS 801 SEABREEZE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE

NAME KREITLER, JOHN
STREET ADDRESS 38 SLOPE DR.
CITY-ST-ZIP SHORTHILLS NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GREGORY MACKAY
1.3 STREET ADDRESS 515 SEABREEZE BLVD.
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME M HUDSON, JOHN
2.3 STREET ADDRESS 1000 RIVER REACH ROAD
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33315

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME V/S LOREN MACKAY
3.3 STREET ADDRESS 515 SEABREEZE BLVD.
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.073(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 a further like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREGORY MACKAY 4/1/99

954-761-8915

CR2E034 (11/98)