

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 001 \*\*\*150.00

**DOCUMENT # 475414**

1. Entity Name

PROFESSIONAL DIVING SCHOOLS OF FLORIDA, INC.



Principal Place of Business

515 SEABREEZE BLVD  
FT LAUDERDALE FL 33316

Mailing Address

515 SEABREEZE BLVD  
FT LAUDERDALE FL 33316

94013400



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-1591501

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NILES, CHRISTOPHER D  
2601 EAST OAKLAND PARK BLVD  
STE 400  
FORT LAUDERDALE FL 33306

Name  
~~Brant, Abraham, Reiter & McCormick, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)  
50 N. Laura Street, Suite 2750

City Jacksonville FL Zip Code 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jan D. McCormick*

Jan D. McCormick, VP

2/4/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME MACKAY-KISLEVITZ, KATHRYN  
STREET ADDRESS 190 CEDAR STREET  
CITY-ST-ZIP ENGLEWOOD NJ 07631

TITLE VT ☐ Delete  
NAME HUDSON, JOHN  
STREET ADDRESS 1000 RIVER REACH ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PIS ☐ Change ☒ Addition  
NAME GERNERT, FRANK E.  
STREET ADDRESS 2100 SOUTH OCEAN DRIVE 12G  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE V/T ☐ Change ☐ Addition  
NAME HUDSON, JOHN  
STREET ADDRESS 1000 RIVER REACH DRIVE #501  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank E. Gernert*  
FRANK E. GERNERT  
2/4/2004  
(954) 649-5200

Date

Daytime Phone #