SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

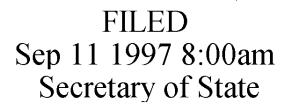
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 639169

(2)

PROFESSIONAL DIVING INDUSTRIES INCORPORATED





Principal Place of Business Mailing Address									
1693 N. HARBOR CITY BLVD. 1693 N. HARBOR CITY BLV MELBOURNE FL 32935 MELBOURNE FL 32935									
		MLLDOONINE FE 32803			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 3a. Date of Last Report			leport	
						10/10/1979	08/08		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 00/00		oplied For	
21		26						ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$		Additional	
22		27			5. Certificate of Status Desired			equired	
City & State	8	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees	
— ^{Zip}	Zip Country Zip			ntry		8. This corporation owes or has pai	id the current	year Int	angible
24	25		30			Personal Property Tax due June] Ňo
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered Age	nt	
	, THOMAS KENT			81 N	lame				
	3 N. HARBOR CITY BLVD.		82 Street Ac			ess (P.O. Box Number is Not Acceptab	le)		
ME	LBOURNE FL 32935								
			63						
			-	84 C	City		le.	E 7in	Codo
					•		FL 8	'	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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	S IN 12
TITLE	PO	DELETE 1.1		LE				Change	Addition
NAME	VIA, THOMAS KENT		1.2 NAME						İ
STREET ADDRESS	1693 N. HBR CITY BLVD.		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP					
TITLE	VD DELETE		2.1 TITLE					Change	Addition
NAME	VIA, SHERRY GAYLE	221		22 NAME		•			
STREET ADDRESS	1693 N. HBR CITY BLVD		2.3 STREET ADDRES		RESS				1
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP		IP				1
TITLE	ST	☐ DELETE	3.1 TITLE					Change	Addition
NAME	VIA, SHERRY GAYLE		3.2 NAME						1
STREET ADDRESS	1693 N. HBR CITY BLVD.		3.3 STREET ADDRESS		RESS				
CITY-ST-ZIP			3.4 CIT	Y-ST-ZI	IP				l
TITLE	DELETE		4.1 TITLE					Change	Addition
NAME			4.2 NA	ME	1				
STREET ADDRESS	\$ 4		4.3 STR	4.3 STREET ADDRESS					
CITY-ST-ZIP	4.4.0		4.4 C/IY	Y - ST - Z#	p				
TITLE		DELETE	51 TITE	.E				Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STA	EET ADD	ress	·			1
CITY-ST-ZIP			5.4 CiTY	/-ST-ZIF	>				- 1
TITLE		DELETE	6.1 TITL			***************************************		Change	Acdition
NAME			6.2 NAM	ME					
STREET ADDRESS			6.3 STR	EE1 ADDI	RESS				
CITY-ST-ZIP			6.4 CITY	r-ST-ZIF	,				

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 embowered 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.

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