

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 652297 (3)**

1. Corporation Name

**THE ODYSSEA DIVING COMPANY**



Principal Place of Business

**3559 S. ORANGE AVE  
P.O. BOX 333226  
ORLANDO FL 32806  
US**

Mailing Address

**3559 S. ORANGE AVE  
P.O. BOX 333226  
ORLANDO FL 32806  
US**

3. Date Incorporated or Qualified  
**01/04/1980**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-1973336**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENKEL, LEWIS  
3559 S. ORANGE AVE  
ORLANDO FL 32806**

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 typed or printed name of registered agent (Type in block letters)

(Date) Registered Agent signature (Type in block letters)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOLLENBERGER, CORNELIA M</b>	
STREET ADDRESS	<b>3101 TRENTWOOD BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>HENKEL, LEWIS</b>	
STREET ADDRESS	<b>3559 S. ORANGE AVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANOR, DAVID R.</b>	
STREET ADDRESS	<b>3559 S. ORANGE AVE.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCHMAN, MIKE</b>	
STREET ADDRESS	<b>3559 S. ORANGE AVE.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVENPORT, TRACY</b>	
STREET ADDRESS	<b>3559 S. ORANGE AVE.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCBAY, JOHN</b>	
STREET ADDRESS	<b>3559 S. ORANGE AVE.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Lewis Henkel*  
**Lewis Henkel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
(Date)

Daytime Phone #

CR2E034 (12/95)