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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766718 (1)
 1. Corporation Name
UNITED STATES PROFESSIONAL DIVING COACHES ASSOCIATION, INC.



Principal Place of Business C/O DAVE ARDREY 2003 WALNUT MURPHYSBORO IL 62966	Mailing Address C/O DAVE ARDREY 2003 WALNUT MURPHYSBORO IL 62966
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3. Date Incorporated or Qualified 01/26/1983	
4. FEI Number 58-1801343	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.	
22 City & State	27 City & State	
23 Zip	28 Country	
24 Zip	29 Country	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BURGERING, DAVID
 5100 CORONADO RIDGE
 BOCA RATON FL 33066**

10. Name and Address of New Registered Agent

81 Name STEVEN F. VOELLMECKE
82 Street Address (P.O. Box Number is Not Acceptable) 6535 DONJOY DRIVE
83
84 City CINCINNATI FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE PD	ARDREY, DAVE	<input type="checkbox"/> DELETE
NAME	2003 WALNUT	
STREET ADDRESS	MURPHYSBORO IL 62966	
CITY-ST-ZIP		
TITLE VPD	BURGERING, DAVE	<input type="checkbox"/> DELETE
NAME	5100 CORONADO RIDGE	
STREET ADDRESS	BOCA RATON FL 33066	
CITY-ST-ZIP		
TITLE VPD	KETRICK, BOB	<input type="checkbox"/> DELETE
NAME	11751 MOSSY CREEK LANE	
STREET ADDRESS	RESTON VA 22091-2950	
CITY-ST-ZIP		
TITLE TD	VOELLMECKE, STEVE	<input type="checkbox"/> DELETE
NAME	6535 DONJOY DRIVE	
STREET ADDRESS	CINCINNATI OH 45242	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven F. Voellmecke TREASURER 4/21/98 513-745-9757

CR2E037 (10/97)