

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON 7/1 BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F28031** (5)

1. Corporation Name

INTERNATIONAL DIVERS ASSOCIATION, INC.

Principal Place of Business

**9496 SE RIVER TERR.
TEQUESTA FL 33469**

Mailing Address

**9496 SE RIVER TERR.
TEQUESTA FL 33469**

95 JUL -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1981

3a. Date of Last Report
07/26/1994

4. FEI Number
59-2081842

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 a state or local tax under 100.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHUFF, PHILIP T.
9496 SE RIVER TERR.
TEQUESTA FL 33469**

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 must be printed name of registered agent and the date)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**DP
SHUFF, PHILIP T.
9496 SE RIVER TERR. LN.
TEQUESTA FL**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**D
SHUFF, CHARLOTTE I
3368 E TUSCARAWAS EXT.
BARBERTON OH**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**D
SHUFF, JOHN D
1308 CALIFORNIA STREET
SAN FRANCISCO CA**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

☐ Change ☐ Addition

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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(1)(b), 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 the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, in text or on an attachment with an address.

SIGNATURE:

(Signature and printed name of officer or director)

PHILIP T. SHUFF

6-28-95

407-747-4964