FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000000101

1. Corporation Name
UNDERSEA BREATHING SYSTEMS, INC.

Principal Place of Business
3599 23rd Ave S #9
LAKE WORTH, FL 33461

Mailing Address
SAME

3. Date Incorporated or Qualified: 1/6/95
3a. Date of Last Report:

2. Principal Place of Business
21: 3599 23rd Ave S #9
Suite, Apt. #, etc. 22:
City & State 23: Lake Worth, FL
Zip 24: 33461 Country 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0572544 ☐ 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

9. Name and Address of Current Registered Agent

TURBEVILLE, WILLIAM J II
21 SE FIFTH STREET
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name: BILL DELP
82 Street Address (P.O. Box Number is Not Acceptable): 3599 23rd Ave S #9
83:
84 City: Lake Worth **FL** 85 Zip Code: 33461

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELP, BILL		1.2 NAME		
STREET ADDRESS	3599 23rd Ave S #9		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUTKOWSKI, DICK		2.2 NAME		
STREET ADDRESS	3599 23RD Ave S #9		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		2.4 CITY-ST-ZIP		
TITLE	S/TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, MORGAN		3.2 NAME		
STREET ADDRESS	3599 23rd Ave S #9		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E034 (9/96)

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #