## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000101 (4)

UNDERSEA BREATHING SYSTEMS, INC.

Principal Place of Business Mailing Address 3599 23RD AVE \$ #9 3599 23RD AVE S #9 LAKE WORTH FL 33461 LAKE WORTH FL 33461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/06/1995</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 65-0572544 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DELP, BILL 3599 23RD AVE S #9 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33461 83

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.

City

**SIGNATURE** Signature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when relinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change \_\_\_ Addition DELETE TITLE PD 1.1 TITLE NAME DELP. WILLIAM H II 1.2 NAME STREET ADDRESS 3599 23RD AVE \$ #9 1.3 STREET ADDRESS LAKE WORTH FL 33461 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE NAME rutkowski, dick 2.2 NAME 3599 23RD AVE S #9 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 3.1 TITLE NAME WELLS, J. MORGAN 3.2 NAME 3599 23RD AVE S #9 3.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7/P CITY-ST-ZIP Change Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 54 CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, out of an attachment with an address.

CR2F034 (10/97)

Zip Code

**FILED** 

May 11 1998 8:00am

Secretary of State