


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

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90004 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001773

1. Corporation Name
NEW WAVE DIVING, INC.



Principal Place of Business 733 SUMMER ST. STAMFORD CT 06901	Mailing Address 733 SUMMER ST. STAMFORD CT 06901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/07/1997	4. FEI Number 06-1462729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		Trust Fund Contribution <input type="checkbox"/>		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

HAMBIDGE, ROBERT
40 FATHOMS GROTT
9487 NW 115 AVE.
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC	1.1 TITLE	PTDC
NAME	HAMBIDGE, SCOTT	1.2 NAME	HAMBIDGE, SCOTT
STREET ADDRESS	134-LA WOODSTOCK GREEN	1.3 STREET ADDRESS	134 WOODSIDE GREEN, APT 1A
CITY-ST-ZIP	STAMFORD CT 06905	1.4 CITY-ST-ZIP	STAMFORD, CT 06905
TITLE	V	2.1 TITLE	V
NAME	HAMBIDGE, ROBERT	2.2 NAME	HAMBIDGE, ROBERT
STREET ADDRESS	40 FATHOMS GROTT-9487 NW 115 AVE.	2.3 STREET ADDRESS	50 NEWTOWN TURNPIKE
CITY-ST-ZIP	OCALA FL 34482	2.4 CITY-ST-ZIP	REDDING, CT 06896
TITLE	S	3.1 TITLE	S
NAME	SHARKEY, BRIAN	3.2 NAME	SHARKEY, BRIAN
STREET ADDRESS	2 GIVENS AVE., #2	3.3 STREET ADDRESS	60 LINDSTROM ROAD
CITY-ST-ZIP	STAMFORD CT 06902	3.4 CITY-ST-ZIP	STAMFORD, CT 06902
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCOTT HAMBIDGE 3/22/99 (203) 256-9033

CR2E034 (11/98)