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 # F97000002562 (3)

DIVING SYSTEMS INTERNATIONAL, INCORPORATED

FILED Apr 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	iling Address							
425 GARDEN ST 425 GARDEN ST										
SANTA BARBARA CA 93101		SANTA BARBARA CA 93101								
						DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qu 05/14/1997 	alified			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Į.	Applied For		
21		26			95-2482954	· · · ·		ot Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desi	ired 🗍		Additional		
22		27					Fee F	Required		
City & State)	City & State			6. Election Campaign Finar	ncing		D May Be		
23	28					Trust Fund Contribution	L	Added	to Fees	
Zip	Country	Zip	\vdash	untry		8. This corporation owes or	. ,			
24	25	1 Pagistared Agent	30			Personal Property Tax do 10. Name and Address of I			∐ No	
9. Name and Address of Current Registered Agent						10. Name and Address of I	vew neglistered	Agent		
TURBEVILLE, WILLIAM J II				81 Name						
	SO DIXIE HWY		82 Stree			ddress (P.O. Box Number is Not A	cceptable)			
BOO	CA RATON FL 33432									
				83						
				84	City		FL	85 Zıç	Code	
44 Pureupat t	o the provisions of Sections 607.050	2 and 607 1608 Florida Statu	toe the s	hous	namad a	proporation authorite this statement f		-	ita registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obliga-	of Florida. Such charige was	authorize	ed by	the corpo	orporation submits this statement in tration's board of directors. I hereb	y accept the ap	pointment a	s registered	
SIGNATURE	_									
	Signature, typed or printed name of registered ago			d Age	nt signature re	quired when reinstating)	DATE		20 114 40	
12.	OFFICERS AND	DELETE	13.	TI F		ADDITIONS/CHANGES TO	OFFICERS ANI	DIRECTO Change		
TITLE	MORGAN, WILLIAM B	ויין מרוניוני	1.1 T					□ Change	E_J A004IUH	
NAME MORGAN, WILLIAM B STREET ADDRESS 425 GARDEN ST			1.2 NAME							
GALIFFA DADDADA DA GOAGA				1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY-S		T-ZIP			Change	Addition	
· 1	MORGAN, CONNIE L	C Detrie	DELETE 2.1 TITLE					Criange	L.J Addition	
NAME	5256 JAMES RD				I D C G C C C					
STREET ADDRESS	SANTA BARBARA CA 93111		•		ADDRESS					
CITY-ST-ZIP	DP	DELETE	DELETE 24 TUDE		I - ZIP			FT Change	Addition	
TITLE	KUSHNER, STEVEN M	ריין הנינונ						L Change	Addition	
NAME			3.2 NAME 3.3 STREET ADDRESS							
STREET ADDRESS	ALLEA MARIA OA GAREE			ł						
CITY-ST-ZIP	SANTA MANIA CA 93433	DELETE		CITY-S	T-ZIP			Chagas	Addition	
TITLE				4.1 TITLE 4.2 NAME				Change	☐ Addition	
NAME										
STREET ADDRESS	i i		E	4.3 STREET ADDRESS 4.4 CITY-S1-ZIP						
CITY-ST-ZIP				- ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition		
TITLE		☐ OFTER	5.1 TITLE		1			LI Glange	ET VOINGEL	
NAME			52 N							
STREET ADORESS					ADDRESS					
CiTY-ST-ZIP		T NEI ETE	_	ITY-SI	I - 2 IP			Chance	Addition	
TITLE		LJ DELETE	611					☐ Change	☐ Addition	
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 C	ITY - SI	- 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, at an an attachment with an address.

Stoven M. Vicheritailas