

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90037 016 ***150.00

DOCUMENT # G79243

1. Entity Name

PROFESSIONAL DIVING CHARTERS OF FLORIDA, INC.



Principal Place of Business

515 SEABREEZE BLVE
FT LAUDERDALE FL 33316
US

Mailing Address

515 SEABREEZE BLVE
BAHIA MAR YACHTING CENTER
FT LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2385261

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NILES, CHRISTOPHER D
2601 EAST OAKLAND PARK BLVD.
STE 400
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name: Brant, Abraham, Reiter & McCormick, P.A.
Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street, Suite 2750
City: Jacksonville FL Zip Code: 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jan D. McCormick*
Signature, typed or printed name of registered agent and title if applicable.

Jan D. McCormick, VP

2/5/2004

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: M ☐ Delete
NAME: HUDSON, JOHN
STREET ADDRESS: 1000 RIVER REACH ROAD
CITY-ST-ZIP: FT LAUDERDALE FL 33215

TITLE: VT ☒ Delete
NAME: KREITLER, JOHN
STREET ADDRESS: 1000 RIVER ROACH DR. 519
CITY-ST-ZIP: FORT LAUDERDALE FL 33315

TITLE: PD ☒ Delete
NAME: MACKAY-KUSLEVITZ, KATHRYN
STREET ADDRESS: 190 CEDAR ST
CITY-ST-ZIP: ENGLEWOOD NJ 07631

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: V/T ☒ Change ☐ Addition
NAME: HUDSON, JOHN
STREET ADDRESS: 1000 RIVER REACH DRIVE 501
CITY-ST-ZIP: FORT LAUDERDALE, FL 33315

TITLE: P/S ☐ Change ☒ Addition
NAME: GERNERT, FRANK E.
STREET ADDRESS: 2100 S OCEAN DRIVE 12G
CITY-ST-ZIP: FORT LAUDERDALE, FL 33316

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank E. Gernert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK E. GERNERT

Date

2/4/04 (954) 649-5200
Daytime Phone #