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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

G89987 DOCUMENT #

(3)

LAND O' LAKES SCUBA CENTER, INC.

Country

9. Name and Address of Current Registered Agent

25

4710 LAND O LAKES BLVD. SUITE 17 LAND O LAKES PLAZA LAND O'LAKES FL 34639

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zio

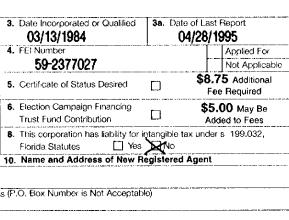
Suite, Apt. #, etc

26

28

29

4710 LAND O LAKES BLVD. SUITE 17 LAND O LAKES PLAZA LAND O'LAKES FL 34639



MYERS JR. JOHN PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 22047 HIDDEN OAK PLACE 83 LAND O'LAKES FL 34639 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and €07.1508, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. [] DELETE Change ■ Addition 1. 1 TITLE TITLE MYERS, JOHN P. JR. 1.2 NAME NAME 22047 HIDDEN OAK PL 1.3 STREET ADDRESS STREET ADDRESS LAND O'LAKES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition **PST** DELETE 2 1 111LE TITLE MYERS, JOHN P. JR. NAME 2.2 NAME 22047 HIDDEN OAK PL STREET ADDRESS 23 STREET ADDRESS LAND O'LAKES FL DITY-ST-ZIP 24 CITY-ST-ZIP DELETE Change Addition TITLE 3. 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(1Y - ST - ZIP CITY-ST-ZIP Change DELETE □ Addition 4.13111.6 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TT DELETE TITLE 6 1 TITLE NAME 6.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 6.4 CHTY-ST-2IP CITY-ST-ZIP

Country

81 Name

30

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 on an attachment with an address.

(12/95)CR2E034