

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H18546**

**(2)**

**1. Corporation Name**  
**UNDERWATER ENTERPRISES, INC.**

**FILED**

**97 MAY 27 PM 2:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business**  
**1810 67TH STREET COURT EAST  
BRADENTON FL 34208**

**Mailing Address**  
**1810 67TH STREET COURT EAST  
BRADENTON FL 34208-6450**

|                                                                                                                                                                                   |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>08/28/1984</b>                                                                                                                     | <b>3a. Date of Last Report</b><br><b>08/08/1996</b>                                              |
| <b>4. FEI Number</b><br><b>59-2443177</b>                                                                                                                                         | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b><br><input type="checkbox"/> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                            |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>                                                                                            | <b>\$5.00 May Be Added to Fees</b>                                                               |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                                                                                                  |

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>    |
| <b>21</b> State, Apt. #, etc.         | <b>26</b> State, Apt. #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State        |
| <b>23</b> Zip                         | <b>28</b> Zip                 |
| <b>24</b> Country                     | <b>29</b> Country             |

**9. Name and Address of Current Registered Agent**

**MUNCIE, DORMA**  
**1810-67TH STREET COURT EAST**  
**BRADENTON FL 34208**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                       |                          |                                        |
|-----------------------|--------------------------|----------------------------------------|
| <b>TITLE</b>          | <b>P</b>                 | <input type="checkbox"/> <b>DELETE</b> |
| <b>NAME</b>           | <b>MUNCIE, TED A.</b>    |                                        |
| <b>STREET ADDRESS</b> | <b>1810 67TH ST CT E</b> |                                        |
| <b>CITY, ST, ZIP</b>  | <b>BRADENTON FL</b>      |                                        |
| <b>TITLE</b>          | <b>VTS</b>               | <input type="checkbox"/> <b>DELETE</b> |
| <b>NAME</b>           | <b>MUNCIE, DORMA J.</b>  |                                        |
| <b>STREET ADDRESS</b> | <b>1810 67TH ST CT E</b> |                                        |
| <b>CITY, ST, ZIP</b>  | <b>BRADENTON FL</b>      |                                        |
| <b>TITLE</b>          |                          | <input type="checkbox"/> <b>DELETE</b> |
| <b>NAME</b>           |                          |                                        |
| <b>STREET ADDRESS</b> |                          |                                        |
| <b>CITY, ST, ZIP</b>  |                          |                                        |
| <b>TITLE</b>          |                          | <input type="checkbox"/> <b>DELETE</b> |
| <b>NAME</b>           |                          |                                        |
| <b>STREET ADDRESS</b> |                          |                                        |
| <b>CITY, ST, ZIP</b>  |                          |                                        |
| <b>TITLE</b>          |                          | <input type="checkbox"/> <b>DELETE</b> |
| <b>NAME</b>           |                          |                                        |
| <b>STREET ADDRESS</b> |                          |                                        |
| <b>CITY, ST, ZIP</b>  |                          |                                        |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN**

☐ **Change** ☐ **Addition**

**11** TITLE ☐ **Change** ☐ **Addition**

**12** NAME

**13** STREET ADDRESS

**14** CITY, ST, ZIP

**21** TITLE ☐ **Change** ☐ **Addition**

**22** NAME

**23** STREET ADDRESS

**24** CITY, ST, ZIP

**31** TITLE ☐ **Change** ☐ **Addition**

**32** NAME

**33** STREET ADDRESS

**34** CITY, ST, ZIP

**41** TITLE ☐ **Change** ☐ **Addition**

**42** NAME

**43** STREET ADDRESS

**44** CITY, ST, ZIP

**51** TITLE ☐ **Change** ☐ **Addition**

**52** NAME

**53** STREET ADDRESS

**54** CITY, ST, ZIP

**61** TITLE ☐ **Change** ☐ **Addition**

**62** NAME

**63** STREET ADDRESS

**64** CITY, ST, ZIP

**100002196501-6**  
**-05/30/97-01097-017**  
**\*\*\*\*\*165.00 \*\*\*\*\*165.00**

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment with an address.**

**SIGNATURE:** *Dorma Muncie* **DORMA MUNCIE 3-24-97 746-2564**