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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65622 (3) HYPERBARICS INTERNATIONAL, INC.							
Principal Place of Business  S DICK RUTKOWSKI  490 CARIBBEAN DRIVE KEY LARGO FL 33037		Mailing Address  Mick Rutkowski  490 Caribbean Drive  KEY LARGO FL 33037-4333					
					3. Date Incorporated or Qualified 07/10/1985	3a. Date of Last F 03/15/1996	Report
2. Principal P	cipul Pace of Business 2a. Mailing Address				4. FEI Number		pplied For
Suite, Apt	# et::	Suite, Apt. #, etc.	ite. Apt. #. etc.		\$8.76 Addition		ot Applicable
22		27			6. Certificate of Status Desired	1	equired
City & State	6	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Ζφ <b>24</b>	Country   Zip   Country   25   29   30		Country 30	y	8. This corporation has liability for in Florida Statutes	intangible tax under s Yes  No	3. 199.032,
	9. Name and Address of Currer				10. Name and Address of New Re		
	KOWSKI, RICHARD L CARIBBEAN DR.		81	, , , , , ,			
	LARGO FL 33037				ress (P.O. Box Number is Not Acceptab	16)	
			83	· · · · · · · · · · · · · · · · · · ·		11	
			84	1		FLI	Code
11. Pursuant I office or in agent. If an SIGNATURE.	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	12 and 607-1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above uthorized b rida Statute	e-named corpy the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
	Signal in Type Lor printed name of registered age		Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 12
12.	PST	FICERS AND DIRECTORS  DELETE  1.11			ADDITIONS/OFFANGES TO OFFIC	Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	490 CARIBBEAN DR	1.3 STREET ADDRESS					
City - ST - ZiP Till &	KEY LARGO FL 33037		1.4 CITY - 2.1 TITLE	ST-ZIP		Change	Addition
NAME			2.2 NAME			_ "	<del></del> -
STREET ADDIESS	490 CARIBBEAN DR 235		23 STREE	T ADDRESS			
CHY+ST-ZIF			2 4 CITY-	ST-ZIP		☐ Change	Addition
TULE NAME			3 1 TITLE 3 2 NAME			L Change	Addition
STREET ACIDRESS				T ADDRESS			
City-St-79			3 4. CITY-	ST-ZIP			
TIFLE			4.1 TITLE			Change	Addition
HAME			4. 2 NAME				
STREET ADORESS				T ADDRESS			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - 5.1 TITLE	\$1-21		Change	Addition
NAME			5.2 NAME			·	
STREE" ADDRESS			5.3 STREE	T AODRESS			
CB y - S1 - 709				ST-ZIP			
10"( F			61 TITLE			L_) Change	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
6-TY-S1-ZIP   14.   do heret	t by certify that the information supplie	d with this filing does not qualit	6.4 CITY-	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	t the
informatio Lam an o appears i	on indicated on this annual report or a theer or director of the corporation or in Block 12 or Block 17 if changed o	supplemental annual report is tr the receiver of thistee empow on an attachment with an add	ue and acc ered to exe fess.	urate and the cute this repo	t my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made un itatutes; and that my	nder oath; that name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-41

305-451-255

Daytime Phone #

**FILED** 

Mar 07 1997 8:00am

Secretary of State