

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H81451

(7)

1. Corporation Name

UNDERWATER EXPLORERS DIVING CENTER, INC.

Principal Place of Business

12800 MCGREGOR BLVD.
FORT MYERS FL 33919

Mailing Address

12800 MCGREGOR BLVD.
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-6489527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Edward F. Korzep

Signature, typed or printed name of registered agent and title if not a director

(NOTE: Registered Agent signature required when reappointing)

4/11/95

DATE

12. OFFICERS AND DIRECTORS

T
NAME
KORZEP, DEANA L.
STREET ADDRESS
12800 MCGREGOR BLVD
CITY - ST - ZIP
FT MYERS FL

VSD
NAME
KORZEP, EDWARD F.
STREET ADDRESS
6020 MCGREGOR BLVD
CITY - ST - ZIP
FT MYERS FL

P
NAME
KORZEP, MICHAEL E
STREET ADDRESS
12800 MCGREGOR BLVD
CITY - ST - ZIP
FT MYERS FL

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael E. Korzep

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95

813-484-4733

Cheryl A. Hines