FIL I	F NOW: FILL	IR FFF AFTFF	R MAV 1ST I	S &55			FIL	ED
COL	PROFIT RPORATION UAL REPORT	RATION Sandra		RTMENT OF STATE Mortham ry of State			Mar 06 19	98 8:00an
	1998 DIVISION OF CORPORATIONS					Secretary	of State	
	MENT # J BION DIVING SER	24282 RVICES, INC.	(2)				 	E HENN BRENN BYENN BYENN BYENN NABY
Principal Plac	ce of Business	Ma	ling Address	,				0.001 01.014 01.014 01.011 61.011 1601
% HENRY ALAN CORNETTE 8719 HANDCART ROAD ZEPHYRHILLS FL 33544-9512			% HENRY ALAN CORNETTE 8719 HANDCART ROAD ZEPHYRHILLS FL 33544-9512				DO NOT WRITE IN T	HIS SPACE
							3. Date Incorporated or Qualified	
2. Principal F	Place of Business		Mailing Address				07/08/1986 4, FEI Number	Applied For
21 6402			6402 E. FO	WLEK	WE.		59-2922095	Not Applicable
Suite, Apt		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 TEM/U	TORRACE	, FL 28 T	City & State EMPLE TEEN	me.	FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3361	7- 25 V		71p 33617	Cour	itry) { /-		This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible
		ress of Current Registe	ered Agent		81 Name		10. Name and Address of New Registe	red Agent
871	PRNETTE, HENRY AL 19 HANDCART ROAI PHYRHILLS FL 3424	כ			82 Street 83 City	t Addre	ss (P.O. Box Number is Not Acceptable)	ISEL To Code
11. Pursuant office or i	to the provisions of Se registered agent, or bo am familiar with, and ac	ctions 607.0502 and 60 th, in the State of Florida cept the obligations of.	7.1508, Florida Statut Such change was a Section 607 0505, Flo	or the ab	DVD namo	d corpo rporatio	oration submits this statement for the purpoun's board of directors. I hereby accept the	FL 85 Zip Code se of changing its registered appointment as registered
SIGNATURE								
12.		ne of registered agent and title it OFFICERS AND DIRECT		FRegistered	Agent signatu	re required	d when reinstaling) DA	
TITLE	D	or rocker rate on the	DELETE	1.1 1171	E	1	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME STREET ADDRESS	CORNETTE, HEN 8719 HANDCART			1.2 NAM 1.3 STR	ie Eet address		ornette, Henry Alaw 1402 E. Fowler MC	
CITY-ST-ZIP TITLE	ZEPHYRHILLS FL		DELETE		-ST-ZIP	TEY	MPLE TERRACE, FL	33613
NAME STREET ADDRESS				2.1 T(TL 2.2 NAA 2.3 STR				Change Addition
CITY+ST-ZIP					Y-\$T- Z IP		•	
TITLE			☐ DELETE	3.1 TITL	E			Change Addition
NAME	!			3.2 NAM				
STREET ADDRESS CITY-ST-ZIP				•	FT ADDRESS			
TITLE			DELETE	4 1 TITL	Y-ST-ZIP E	 		Change Addition
NAME				4 2 NAI				
STREET ADDRESS				4.3 STR	ET ADDRESS			,
CITY-ST-ZIP			hrette		-ST-ZIP			AC
TITLE NAME			DELETE	5.1 TITL 5.2 NAM				Change Addition
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP					-ST-ZIP			
TITLE			☐ DELETE	6.1 TITL		Ţ		☐ Change ☐ Addition
NAME				6.2 NAM	E			

14. Thereby 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 annual report or supplemental arrival 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 changed, or on an attrachment with an address

STREET ADDRESS