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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J42514 1. Corporation Name

ANTHONYS' SCUBA CENTER, INC.

Principal Place of Business 14851 N. DALE MABRY HIGHWAY Mailing Address

14851 N. DALE MABRY HIGHWAY

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90079 016 ***150.00



IAMPA FL 3361	18	IAMPA FL 33010			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						11/14/1986			
2. Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number			Applied For
21		26				59-2739131			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		v	Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & State	e	City & State				6. Election Campaign Financing		~ \$5.0	O May Bē │
23		28				Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Žip	Country	′		8. This corporation owes the curre	ent year Int		
24	25	29 30	0			Personal Property Tax.		☐ Yes	ØNo
	9. Name and Address of Current	l Registered Agent	81	-		10. Name and Address of New R	tegistered .	Agent	
				Name					
FOTOPULOS, THOMAS E.				82 Street Address (P.O. Box Number is Not Acceptable)					
500 E KENNEDY BLVD				Succession (i.e. box runner in the runner)					
STE 250			83						
TAMPA FL 33602				L				85 Zi	p Code
			84	City			FL		p code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-nam	ed corpor	ration submits this statement for the	purpose of	changing	its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the co	rporation	s board of directors. I hereby accep	t the appoi	ntment as	registered
SIGNATURE		(MOTE P.		at =i==at.	ra convicad :	when reinstating)	DATE		\
12.	Signature, typed or printed name of registered agen OFFICERS AN	<u></u>	13.	ii signati	TO TOURS OF	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	PDS	□ DELETE	1.1 TITLE		1			[] Chang	
NAME	HENNEKE, ANTHONY		1.2 NAME		1				
STREET ADDRESS	2003 MAGDALENE MANOR	,	1.3 STREE	T ADDRE	88				
	TAMPA FL		1.4 CITY-S						ł
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STREET ADDRESS		<u> </u>			~				ì
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NAME	· ·		6.2 NAME						ĺ
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CITY-ST-ZIP ~			6.4 CITY-S	T-ZIP					

I hereby 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 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 changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE: