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

**PROFIT** CORPORATION ANNUAL REPORT

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

## Sandra B. Mortham

	1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
	MENT # KC n Name ITIONAL SCUBA \$	SCHOOL, INC.	(4)						
C/O BREAKERS S. COUNTY RD.	HOTEL	C/O BR	C/O BREAKERS HOTEL S. COUNTY RO.						
PALM BCH. FL		PALM B	CH. FL 33480			3. Date Incorporated or Qualified 12/21/1987		ite of Last Re 5/1996	eport
2. Principal P	lace of Business		illing Address			4. FEI Number	1 04/2		plied For
Suite, Apt	# elc		61 NE 42	rnd eller	75	65-0102780		\$8.75 A	t Applicable
22	, v. v.	27	no, ripi. #, oto.			5. Certificate of Status Desired		Fee Rec	
City & Stat	e		y & State	\ Cı		6. Election Campaign Financing		\$5.00	
23   Zip	Counti		CCA RATION	Country		Trust Fund Contribution  8. This corporation has liability for	intangible	Added to	
24	25	29 3		AZU DE		Florida Statutes	Yes 2	<b>3</b> ′№	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ess of Current Registere	d Agent	81 Name		10. Name and Address of New Ro	gistered /	Agent	<del></del>
	ritt, stephen J. 4 Allegro Drive				EU	ERIT STEPHEN			
	A RATON FL 33428			82 Street	Addres	ss (P.O. Box Number is Not Accepta			
				83	-	131-17-17			
				84 City	Bo	CA RATION	FL	85 Zip C	131
11. Pursuant office or r	to the provisions of Sec	tions 607.0502 and 607.	508, Florida Statute Such change was a	es, the above-named uthorized by the con	corpo poratio	ration submits this statement for the n's board of directors. I hereby acce	purpose of	changing its	s registered registered
agent La	n'i familiar with, and ac						2/8	0	•
SIGNATURE	Significant Trade Automorphism	a of registered agent and title if an	FSHEN EU plicable. (NOTE	Registered Agent signature	required	I when reinstating)	ATE	7-1-	
12.		OFFICERS AND DIRECTO	***************************************	13.	10	ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P Everitt, stephen	1	L] DELETE	1.1 TITLE 1.2 NAME	P	ERITT STEPHEN I		Change	Addition
NAME STREET AUDRESS	10314 ALLEGRO DI			1.3 STREET ADDRESS	146	HE 2HD STREET			
CITY - ST - ZIF	<b>BOCA RATON FL</b>	•		1.4 CITY-ST-ZIP	Bo	CA RATON, FL 334	31		
TETLF			DELETE	2.1 TITLE			,	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2 3 STREET ADORESS	-				
CITY-ST-ZIF TIFLE			DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	<del> </del>			Change	Addition
NAME				3.2 NAME	]				
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-S1-7#				3 4. CITY - ST - ZIP	ļ				· · · · · · · · · · · · · · · · · · ·
TITLE			☐ DELETE	4.1 TITLE				L. Change	Addition
NAME				4 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS 4.4 City-St-Zip					
TITLE			DELETE	5.1 TITLE	<del>                                     </del>			Change	Addition
NAME				5.2 NAME					İ
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP			DELETE	5.4 CITY - ST - ZIP				Chann	Addition
TITLE			☐ DELETE	6.1 TITLE 6.2 NAME				L_ Change	LI MOUNTON
NAME STREET ADDRESS				6.3 STREET ADDRESS					
CITY: ST-7IP				6.4 CITY - ST - ZIP					
14. Ldo here	by certify that the inform	nation supplied with this	ling/does not qualif	y for the exemption s	stated i	n Section 119.07(3)(i), Florida Statut ny signature shall have the same leg	s. I further	certify that t	the
Lam an c appears	officer or director of the in Block 12 or Block 13	corporation or the receive if changed, or on to atta	or or trustee empow	ered to execute this i lress.	report	as required by Chapter 607, Florida	Statutes; a	nd that my n	ame