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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 12: 23

DOCUMENT # K49468 (7)

1. Corporation Name

DIVERS OASIS SCUBA CENTER, INC.

Principal Place of Business	Mailing Address
1512 SOUTH WOODLAND BLVD. DELAND FL 32720	1512 SOUTH WOODLAND BLVD. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1988	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2918268	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2422 s. volusia ave	26 2422 s. volusia ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ORANGE CITY, FLA.	27 ORANGE CITY, FLA.
City & State	City & State
23 32763	28 32763
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MASTERS, GEORGE RICHARD
1512 SOUTH WOODLAND BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2422 S. VOLUSIA AVE
83
84 City: ~~ORANGE CITY, FLA.~~ FL 85 Zip Code 32763

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 [signature] GEORGE R. MASTERS APRIL 1 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	MASTERS, GEORGE RICHARD	1 2 NAME	
STREET ADDRESS	P. O. BOX 56 / 996 BEDELL AVE.	1 3 STREET ADDRESS	
CITY - ST - ZIP	CASSADAGA FL	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	MASTERS, DANNY LEE	2 2 NAME	
STREET ADDRESS	405 W. KICKLIGHTER	2 3 STREET ADDRESS	
CITY - ST - ZIP	CASSADAGA FL	2 4 CITY - ST - ZIP	
TITLE	ST	3 1 TITLE	☐ Change ☐ Addition
NAME	MASTERS, WAEDENE L.	3 2 NAME	
STREET ADDRESS	996 BEDELL AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	CASSADAGA FL	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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

SIGNATURE: [signature] GEORGE R. MASTERS 4-1-1995 904 774-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone