

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

FILED
May 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K83337 (1)
1. Corporation Name
FLORIDA COAST DIVERS SUPPLY, INC.

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| Principal Place of Business 208 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442 | Mailing Address 208 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442-3104 |
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| 2. Principal Place of Business 21 1056 SW 1ST WAY Suite, Apt. #, etc. 22 City & State 23 Deerfield Bch, FL 24 Zip 33441 25 Country BROWARD | | 2a. Mailing Address 26 1056 SW 1ST WAY Suite, Apt. #, etc. 27 City & State 28 Deerfield Bch. 29 Zip 33441 30 Country BROWARD | | 3. Date Incorporated or Qualified 04/25/1989 | 3a. Date of Last Report 05/01/1996 |
| | | | | 4. FEI Number 65-0128146 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent ST CHONG, CHUCK 18441 OLD PRINCETON LANE BOCA RATON FL | | 10. Name and Address of New Registered Agent 81 Name KENNETH L. MOSS 82 Street Address (P.O. Box Number is Not Acceptable) 1056 SW 1ST WAY 83 84 City Deerfield Bch FL 85 Zip Code 33441 | |
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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]* DATE 5/19/97
(NOTE: Registered Agent signature required when reinstating)

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CHONG, CHUCK W 18441 OLD PRINCETON LANE BOCA RATON FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | CHAIRMAN OF BOARD GREGORY R. COMMAGNE 345 SE 7th AVE DEERFIELD BEACH, FL 33438. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOSS, KEN 17711 FOXWOOD WY BOCA RATON FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 address.

SIGNATURE: *[Signature]* DATE 5/24/97 934-109-1626

CR2E034 (9/96)