

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K86911** (0)

1. Corporation Name
GULF COAST DIVE CENTER, INC.



Principal Place of Business: **C/O SANDRA L. SUTHERLIN, 509B N TAMiami TRAIL, VENICE FL 34292**
Mailing Address: **C/O SANDRA L. SUTHERLIN, 509B N TAMiami TRAIL, VENICE FL 34292**

3. Date Incorporated or Qualified 05/10/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0118920	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 5096 N TAMiami TRAIL	26 5096 N TAMiami TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 VENICE FL	28 VENICE FL
Zip	Zip
24 34292	29 34292
Country	Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUTHERLIN, SANDRA L. 509B N TAMiami TRAIL VENICE FL 34292				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	5096 N TAMiami TRAIL 5096 N TAMiami TRAIL		
				83			
				84 City	FL	85 Zip Code	

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLIN, MARK A.	1.2 NAME	
STREET ADDRESS	509B N TAMiami TRAIL	1.3 STREET ADDRESS	5096 N TAMiami TRAIL
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLIN, SANDRA L.	2.2 NAME	
STREET ADDRESS	509B N TAMiami TRAIL	2.3 STREET ADDRESS	5096 N TAMiami TRAIL
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra Sutherland / Sandra Sutherland* 5-2-96 941-484-3483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)