FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L66200** **(1)**

1. Corporation Name
CAPE CORAL DIVE ACADEMY, INC.

Principal Place of Business	Mailing Address
%AMELIA H. CROLEY 37 NORTH DEL PRADO BLVD CAPE CORAL FL 33909	30 DEL PRADO BLVD N 37 NORTH DEL PRADO BLVD CAPE CORAL FL 33909 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1990	3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0189340	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

~~AUCLAIR, SALLY~~
~~1122 NE VAN LOON LN~~
~~CAPE CORAL FL 33909~~

10. Name and Address of New Registered Agent

81 Name: PAT ROLLINGS
82 Street Address (P.O. Box Number is Not Acceptable): 2346 S.E. 28th STREET
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: Pat Rollings, Sec./Treas. 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	~~AUCLAIR, SALLY~~	12 NAME	AMELIA CROLEY	
STREET ADDRESS	~~1122 NE VAN LOON LN~~	13 STREET ADDRESS	3355 SE 32nd PLACE	
CITY-ST-ZIP	~~CAPE CORAL FL~~	14 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	~~VST~~	21 TITLE	VICE PRESIDENT/ SEC./TREAS.	☑ Change ☐ Addition
NAME	~~ROLLINGS, PATRICIA~~	22 NAME	PAT ROLLINGS	
STREET ADDRESS	~~2346 SE 28TH STREET~~	23 STREET ADDRESS	2346 S.E. 28th STREET	
CITY-ST-ZIP	~~CAPE CORAL FL~~	24 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	~~D~~	31 TITLE		☐ Change ☐ Addition
NAME	~~ROLLINGS, PATRICIA~~	32 NAME		
STREET ADDRESS	~~2346 SE 28TH STREET~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~CAPE CORAL FL~~	34 CITY-ST-ZIP		
TITLE	~~VD~~	41 TITLE		☐ Change ☐ Addition
NAME	~~DORMINEY, JARRELL R.~~	42 NAME		
STREET ADDRESS	~~1404 SW 8TH CT~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~CAPE CORAL FL~~	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RESIGNED 6/30/95

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)(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: Pat Rollings, Sec./Treas. 4/10/95 813-458-1999
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — DATE — Daytime Phone #

0333364 CP