

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98017 (0)			
1. Corporation Name JIM'S SEA DIVE CENTER, INC.			
Principal Place of Business % JAMES E. JOHNSTON 1055 S. COMBEE RD. LAKELAND FL 33801		Mailing Address % JAMES E. JOHNSTON 1055 S. COMBEE RD. LAKELAND FL 33801	
2. Principal Place of Business		3. Date Incorporated or Qualified 09/12/1988	
2a. Mailing Address		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.		4. FEI Number 59-2905884	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSTON, JAMES E. 1055 S. COMBEE RD. LAKELAND FL 33801		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		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: <i>James E. Johnston</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
VP ST			
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>James E. Johnston</i> 6/29/96 941-465-5732			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/96)