

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00626 (4)

1. Corporation Name

ORLANDO OTTERS UNDERWATER SPORTSMEN INC.



Principal Place of Business

243 ROBIN RD
ALTAMONTE SPRINGS FL 32701-5017

Mailing Address

800 NEUSE AVENUE
ORLANDO FL 32804
US

3. Date Incorporated or Qualified
12/28/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

26 243 ROBIN RD

4. FEI Number
59-2897868

Applied For
Not Applicable

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

28 ALTAMONTE SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

25 Country

29 32701

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, DAVID
800 NEUSE AVE.
ORLANDO FL 32804

81 Name
DENNIS R. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
243 ROBIN RD
83
84 City
ALTAMONTE SPRINGS FL 85 Zip Code
32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-23-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
T	COATES, SHANE	6187 BROOKHILL CIRCLE	ORLANDO FL	<input type="checkbox"/>
VP	MUNOZ, IRIS	7842 PINE CROSSING CIRCLE	ORLANDO FL	<input checked="" type="checkbox"/>
P	ADAMS, DAVID	800 NEUSE AVE.	ORLANDO FL	<input checked="" type="checkbox"/>
S	KLELE, LEE ANN	9328 TOBY LANE	ORLANDO FL	<input checked="" type="checkbox"/>
D	WHITTAKER, DANA	5510 ALBERT DR.	WINTER PARK FL	<input checked="" type="checkbox"/>
D	MCKEAGUE, JANICE	1357 ANDES DR.	WINTER SPRINGS FL	<input checked="" type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VP	SUE WHITTAKER	5510 ALBERT DR	WINTER PARK FL 32742	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	DENNIS R. JOHNSON	243 ROBIN RD	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>	<input type="checkbox"/>
S	VIVIANNE L. JOHNSON	243 ROBIN RD	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>	<input type="checkbox"/>
D	RANDY KOVAN	777 DELTONA BLVD	DELTONA FL 32725	<input type="checkbox"/>	<input type="checkbox"/>
D	DON HULL	160 N. FAIRFAX AVE	WINTER SPRINGS FL 32708	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

Date

407-942-6780

Daytime Phone #

0004274

CR2E037 (3/96)