

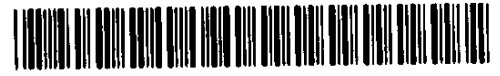
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	23. FEI Number 59-2897868	24. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	25. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	26. 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 ADAMS, DAVID 800 NEUSE AVE. ORLANDO FL 32804		10. Name and Address of New Registered Agent 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			
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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: *Dennis R. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: 7-23-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COATES, SHANE 6187 BROOKHILL CIRCLE ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUNOZ, IRIS 7842 PINE CROSSING CIRCLE ORLANDO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP SUE WHITTAKER 5510 ALBERT DR WINTER PARK FL 32742
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, DAVID 800 NEUSE AVE. ORLANDO FL <input checked="" 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 P DENNIS R. JOHNSON 243 ROBIN RD ALTAMONTE SPRINGS FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KLELE, LEE ANN 9328 TOBY LANE ORLANDO FL <input checked="" 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 S VIVIANNE L. JOHNSON 243 ROBIN RD ALTAMONTE SPRINGS FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITTAKER, DANA 5510 ALBERT DR. WINTER PARK FL <input checked="" 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 D RANDY KOVAN 777 DELTONA BLVD DELTONA FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKEAGUE, JANICE 1357 ANDES DR. WINTRE SPRINGS FL <input checked="" 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 D DON HULL 160 N. FAIRFAX AVE WINTER SPRINGS FL 32708

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: *Dennis R. Johnson* DATE: 7-23-96 DAYTIME PHONE #: 407-942-6780

CRE037 (3/96)