

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00626 (4)**  
1. Corporation Name  
**ORLANDO OTTERS UNDERWATER SPORTSMEN INC.**



Principal Place of Business <b>243 ROBIN RD ALTAMONTE SPRINGS FL 32701-5017</b>	Mailing Address <b>243 ROBIN ROAD ALTAMONTE SPRINGS FL 32701-5017 US</b>
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3. Date Incorporated or Qualified <b>12/28/1983</b>	3a. Date of Last Report <b>07/30/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-2897868</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent  
**JOHNSON, DENNIS R.  
243 ROBIN ROAD  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent  
81. Name **Giglio, Frank A.**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**2351 River Park Cir. Apt 1621**  
83. City  
**Orlando** FL 85. Zip Code **32817**

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]* **President Frank A. Giglio** DATE **5/13/97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b> <del>DELETE</del>
NAME	<b>COATES, SHANE</b>
STREET ADDRESS	<b>6187 BROOKHILL CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VP</b> <del>DELETE</del>
NAME	<b>WHITTAKER, SUE</b>
STREET ADDRESS	<b>5510 ALBERT DRIVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DENNIS R.</b>
STREET ADDRESS	<b>243 ROBIN ROAD</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, VIVIANNE</b>
STREET ADDRESS	<b>243 ROBIN ROAD</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <del>DELETE</del>
NAME	<b>KOUGH, RANDY</b>
STREET ADDRESS	<b>777 DELTONA BLVD</b>
CITY-ST-ZIP	<b>DELTONA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HULL, DON</b>
STREET ADDRESS	<b>160 N FAIRFAX AVENUE</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tepper, Ed</b>
1.3 STREET ADDRESS	<b>PO Box 914531 509 Sabal Trail Circle</b>
1.4 CITY-ST-ZIP	<b>Longwood FL 32741 32719</b>
2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MCKEAGUE, JANICE</b>
2.3 STREET ADDRESS	<b>524 VIA VERONA #102</b>
2.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL</b>
3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Giglio, Frank A.</b>
3.3 STREET ADDRESS	<b>2351 River Park Cir #1621</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>
4.1 TITLE	<b>S Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LEAH SHEPHERD</b>
4.3 STREET ADDRESS	<b>PO Box 387, 4100 CARRIE LANE</b>
4.4 CITY-ST-ZIP	<b>ALTOONA FL 32702</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DANA WHITTAKER</b>
5.3 STREET ADDRESS	<b>5510 ALBERT DR,</b>
5.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HULL DON</b>
6.3 STREET ADDRESS	<b>INDIAN COVE MARINA INC,</b>
6.4 CITY-ST-ZIP	<b>14 MYRTICE AVE MERRITT ISLAND FL 32953</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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, changed, or on an attachment with an address.

CR2E037 (9/96)