

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**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 US</b>
----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>12/28/1983</b>	
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 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**GIGLIO, FRANK A.**  
**2351 RIVER PARK CIR.**  
**APT. 1621**  
**ORLANDO FL 32817**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TEEPER, ED	
STREET ADDRESS	509 SABAL TRAIL CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCKEAGUE, JANICE	
STREET ADDRESS	524 VIA VERONA, #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIGLIO, FRANK A.	
STREET ADDRESS	2351 RIVER PARK CIR., #1621	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHEPARD, LEAH	
STREET ADDRESS	41700 CARRIE LANE	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITTAKER, DANA	
STREET ADDRESS	5510 ALBERT DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HULL, DON	
STREET ADDRESS	14 MYRTICE AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	TRGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS JOHNSON	
1.3 STREET ADDRESS	243 ROBIN RD	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHITTAKER, DANA	
2.3 STREET ADDRESS	5510 ALBERT DR.	
2.4 CITY-ST-ZIP	WINTER PARK FL	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shepherd, Leah	
3.3 STREET ADDRESS	41700 CARRIE LANE	
3.4 CITY-ST-ZIP	ALTOONA FL 32702	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edward A TEEPER	
4.3 STREET ADDRESS	509 SABAL TRAIL CIRCLE	
4.4 CITY-ST-ZIP	LONGWOOD FL 32779	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RANDY Kough	
5.3 STREET ADDRESS	777 DELTONA BLVD SUITE 4	
5.4 CITY-ST-ZIP	DELTONA, FL 32725	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VIVIANNE JOHNSON	
6.3 STREET ADDRESS	243 ROBIN RD.	
6.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701	

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CFR2E037 (10/97)