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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17217 (3)
1. Corporation Name
SCUBANAUTS NOT FOR PROFIT, INC.



Principal Place of Business 8558 ROYAL LAKES DR P.O. BOX 8776 JACKSONVILLE FL 32203-9270 US	Mailing Address P.O. BOX 8776 JACKSONVILLE FL 32203-2270 US
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3. Date Incorporated or Qualified
10/09/1986

4. FEI Number 59-2889442	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**NELSEN, JAMES D
8558 ROYAL LAKES DRIVE
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, RAY	
STREET ADDRESS	1852 TALBOT AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRIBB, JIM	
STREET ADDRESS	2788 PACES FERRY RD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NELSEN, JAMES D	
STREET ADDRESS	8558 ROYAL LAKES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	REDDY, CHRISTINE	
STREET ADDRESS	8319 VERMANTH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WATERS, ALEX
5.3 STREET ADDRESS	32223
5.4 CITY-ST-ZIP	1828 TANYA TERRACE EAST, JACKSONVILLE, FL
6.1 TITLE	SECRETARY AND DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROGERS, ALLISON
6.3 STREET ADDRESS	5118 HECKSHER DRIVE
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32266

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: *James D. Nelsen* James D. Nelsen 3/19/1998 (904) 448-0305

CR2E037 (10/97)