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Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17313** (0)

1. Corporation Name

DOWN UNDER DIVE CLUB, INC.



Principal Place of Business P O BOX 060626 PALM BAY FL 32905	Mailing Address P O BOX 060626 PALM BAY FL 32906-0626
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3. Date Incorporated or Qualified 10/14/1986	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 22-7708920	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAYSON, JOHN C 2105 LADNER ROAD NE PALM BAY FL 32907	
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10. Name and Address of New Registered Agent	
81 Name WIMKJE S. HUDOCK	
82 Street Address (P.O. Box Number is Not Acceptable) 2805 LANCASTER ROAD	
83	
84 City MELBOURNE	85 Zip Code FL 32935

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 *Wimkje S. Hudock* **WIMKJE S. HUDOCK, TREASURER** **APR 28, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME DELMATER, CHARLES	
STREET ADDRESS 620 ANDERSON CT	
CITY-ST-ZIP SATELLITE BCH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME MCKEOWN, TJ	
STREET ADDRESS 1240 SNOWBIRD AVE NW	
CITY-ST-ZIP PALM BAY FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME HUDOCK, WIMKIE	
STREET ADDRESS BOX 33	
CITY-ST-ZIP GRANT FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME MAYSON, JOHN C	
STREET ADDRESS 2105 LADNER ROAD NE	
CITY-ST-ZIP PALM BAY FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME DALY, MIKE	
STREET ADDRESS 700 PEBBLE BEACH AVE NE	
CITY-ST-ZIP PALM BAY FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/S/D
3.3 STREET ADDRESS	HUDOCK, WIMKJE S.
3.4 CITY-ST-ZIP	PO BOX 33 n/a
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRANT, FL 32949
4.3 STREET ADDRESS	MD
4.4 CITY-ST-ZIP	HOLLINGSWORTH, HUGH
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PO BOX 410263 N/A
5.3 STREET ADDRESS	MELBOURNE, FL 32941
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)

*RAH
6-20-97*

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