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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

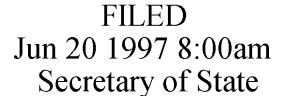
(0)

DOWN UNDER DIVE CLUB, INC.

Principal Place of Business

Mailing Address

P A RAY ASSESS





PALM BAY FL		PALM BAY FL 32906-0626							
					3. Date Incorporated or Qua	lified 3a. Da	of Last 03/15/1	Report 996	
2. Principal P	pal Place of Business 2a, Mailing Address				4. FEI Number 22-7708920			Applied For	
21		26			22-1100920		-	Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗀	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Finance Trust flund Contribution	oing 🔲	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation has fiabil			s. 199.032,	
24	25	29	30		Florida Statutes		Z No		_
- · · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent		041 1	10. Name and Address of N	ew Registered	Agent		_
				81 Name WIM	KJE S. HUDOCK				
MAYSON, JOHN C				82 Street Address (P.O. Box Number is Not Acceptable)					
	DNER ROAD NE				5 LANCASTER ROAD				
PALM B	AY FL 32907			83					
	/			84 City MELI	BOURNE	FL		2935	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the a	bove-named	corporation submits this statement for poration's board of directors. I hereby	r the purpose of	changing	its registere)d
office or reagent. I a	egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida. Sygn change was a atjons of, Segvion 617.0503, Fl	autnorize orida Sta	a by the corp tutes.	poration's board of directors. I hereby	accept the app	ointment a	as registered	'
SIGNATURE	6 5 TU	Casa	WIM	JES. 1	HUDOCK, TREASURER	APR 2			
12.	Signature, typed or printed name of registered age OFFICERS AND		E: Registere	d Agent signature	required when reinslating) ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	DRS IN 12	6
TITLE	PO	DELETE	1.1 T	TIF	ADDITIONS/CHANGES TO	OFFICE IIS AIVE	Change		ion §
NAME	DELMATER, CHARLES		1.2 N						1
STREET ADDRESS	620 ANDERSON CT			TREET ADDRESS					
CITY-ST-ZIP	SATELLITE BCH FL		1.4 CITY-ST-ZI						Ļ
TITLE	VD	☐ DELETE	2.1 T				Change	e 🔲 Additi	on 5
NAME	MCKEOWN, TJ	- ··	2.2 N						
STREET ADDRESS	1240 SNOWBIRD AVE NW		2.3 STREET ADDRESS						
CITY-ST-ZIP	PALM BAY FL		2 4 CITY-ST-ZIP				_		
TITLE	80	☐ DELETE	31 T		T/S/D		Change	e 🔲 Additi	on
NAME	HUDOCK, WIMKIE	_	3.2 N	AME T	HUDOCK, WIMKJE S.	/	/ ·		
STREET ADDRESS	BOX 33				PO BOX 33 n/a				
CITY-ST-ZIP	GRANT FL				FRANT, FL 32949		•		
TITLE	1D	DELETE	4.1 T	* *		• • • • • • • • • • • • • • • • • • • •	Change	Additio	on
NAME	MAYSON, JOHN C		4.21	1	ND HOLLINGSWORTH, HUGH				
STREET ADDRESS	2105 LADNER ROAD NE		•		PO BOX 410263 N/A				
CITY-ST-ZIP	PALM BAY FL	_	1		MELBOURNE, FL	32941			
TITLE	SD	DELETE	51 T		MILLOOIQVIS, I.D.	JEJTI	Change	e Aduitie	ᇑՈ
NAME	DALY, MIKE		52 N						7
STREET ADDRESS	700 PEBBLE BEACH AVE NE	•		TREET ADDRESS			•	<i>ሑ</i> ~ሌ ላል	
CITY-ST-ZIP	PALM BAY FL			ITY-ST-ZIP				' W	
TITLE	7 2 10171 W7 11 1 14	DELETE	5.4 U				Change	e Addition	on I
NAME		the second secon	6.2 N		900002:	2197			
STREET ADDRESS				TREET ADDRESS	900002: -06/23/97	ດັດຕ້ອງຄວ	25		
1					***61.25	UZUUI UA	,		
CITY-ST-ZIP	w earlie that the information execution	with this filing does not gueli		(TY-ST-ZIP	tated in Section 119 07(3)(i) Florida	Statutas Lituriba	c oorlify th	of the	

Information indicated on this annual report or supplemental angual 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 13 if changed, or on an anactyment with an address.