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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17313

1. Corporation Name
DOWN UNDER DIVE CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 060626 PALM BAY FL 32906-0626	P O BOX 060626 PALM BAY FL 32906-0626

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 22-7708920 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUDOCK, WIMKJE S
2805 LANCASTER ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: HARRY GORNTO
82 Street Address (P.O. Box Number is Not Acceptable): 46 Rockledge Ave
83
84 City: ROCKLEDGE FL 85 Zip Code: 32955

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	DELMATER, CHARLES		1.2 NAME		
STREET ADDRESS	620 ANDERSON CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL		1.4 CITY-ST-ZIP		
TITLE	DM	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOERSMA, ROB		2.2 NAME		
STREET ADDRESS	2275 CRIPPEN COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32904		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HUDOCK, WIMKIE S		3.2 NAME		
STREET ADDRESS	P.O. BOX 33 N A		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRANT FL 32949		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	MULLINS, MARGIE		4.2 NAME		
STREET ADDRESS	645 N ROBIN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	GORNTO, HARRY	
STREET ADDRESS			5.3 STREET ADDRESS	46 Rockledge Ave	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ REQUIRED 4/30/99 407 723 0897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W.S. Hudock

5/26/99 407-631-8302