

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90029 007 ****61.25

DOCUMENT # N17664

1. Corporation Name

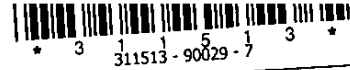
FLORIDA ASSOCIATION OF DIVE OPERATORS, INC.

Principal Place of Business

2409 RAMBLE WOOD CT.
TALLAHASSEE FL 32303
US

Mailing Address

P. O. BOX 15068
PANAMA CITY FL 32406
US



2. Principal Place of Business

21 2066 N. OCEAN BLVD.

Suite, Apt. #, etc.

22 #BSE

City & State

23 BOCA RATON, FL

Zip

24 33431

Country

25 US

2a. Mailing Address

26 P.O. Box 39794

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33339

Country

30 US

3. Date Incorporated or Qualified

11/05/1986

4. FEI Number

59-2820189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HILL, R. MICHAEL
1415 BAKER COURT
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

CRAIG S. JENNI

82 Street Address (P.O. Box Number is Not Acceptable)

2066 N. OCEAN BLVD. #BSE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33431

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

CRAIG S. JENNI, DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 5, 99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

NAME APPLEBOOM, JOHN
STREET ADDRESS 1631 E EDGEWOOD DR
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME DRAFFIN, JACKIE
STREET ADDRESS 10075 EAST ADAMO AVE
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE

NAME SLATE, SPENCER
STREET ADDRESS 51 GARDEN COVE ROAD
CITY-ST-ZIP KEY LARGO FL

TITLE D ☐ DELETE

NAME KELLUM, KEN
STREET ADDRESS 4600 S. CLEVELAND AVE
CITY-ST-ZIP FT. MYERS FL

TITLE D ☒ DELETE

NAME HILL, R. MICHAEL
STREET ADDRESS 1415 BAKER COURT
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME CRAIG S. JENNI
1.3 STREET ADDRESS 2066 N. OCEAN BLVD. #BSE
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, 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: CRAIG S. JENNI

APRIL 5/99

(954) 390-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)