

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17664**

1. Entity Name  
**FLORIDA ASSOCIATION OF DIVE OPERATORS, INC.**



Principal Place of Business  
**51 GARDEN COVE DR  
KEY LARGO, FL 33037 US**

Mailing Address  
**PO BOX 39794  
FT LAUDERDALE, FL 33339 US**



07092004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2820189**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SLATE, SPENCER  
51 GARDEN COVE DR  
KEY LARGO, FL 33037**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
APPELBAUM, JOHN  
1631 E EDGEWOOD DR  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SLATE, ANNETTE  
51 GARDEN COVE RD  
KEY LARGO, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000166725  
07/16/04-80008-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Spencer Slate **Spencer Slate** 11 July 04 305-451-3020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #