

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N40668*

1. Corporation Name

Coastal Underwater Dive Addicts, Inc.
~~11420 US Hwy~~

Principal Place of Business

Mailing Address

*11420 US Hwy ONE #147
Palm Beach Gardens, FL 33408*

3. Date Incorporated or Qualified

10/31/90

3a. Date of Last Report

4/29/96

4. FEI Number

65-0240514

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Palm Bch Gardens, FL

Suite, Apt. #, etc.

22 11420 US Hwy ONE

City & State

23 Palm Beach Gardens FL

Zip

24 33408

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 147

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

*Jennifer Christiansen
11420 US Hwy ONE St. 147
Palm Bch Gardens, FL 33408*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

Jennifer R. Christiansen

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

(NOTE: Registered Agent signature required when reinstating)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1 Mark Winger - President

1987 Highland Rd

North Palm Bch, FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2 Paul Harrington - Treasurer

901 Alameda Lane

North Palm Bch, FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3 Secy Virginia Connolly - Secretary

1220 Haver Dr.

Singer Island, FL 33404

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 Jennifer Christiansen - Vice Pres

11420 US Hwy ONE St. 147

Palm Bch Gardens, FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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*****70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jennifer R. Christiansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

561-655-3915

Daytime Phone

CR2037 (3/96)