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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mathern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40668 (8)

1. Corporation Name

COASTAL UNDERWATER DIVE ADDICTS, INC.



Principal Place of Business PALM BCH GARDENS 11420 US HWY ONE PALM BEACH GARDENS FL 33408 US	Mailing Address PALM BCH GARDENS 11420 US HWY ONE PALM BEACH GARDENS FL 33408 US
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3. Date Incorporated or Qualified 10/03/1990		
4. FEI Number 65-0240514	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 904 Alamanda Dr. 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHRISTIANSEN, JENNIFER C 11420 US HWY ONE PALM BEACH GARDENS FL 33408	10. Name and Address of New Registered Agent 81 Name PAUL HARRINGTON 82 Street Address (P.O. Box Number is Not Acceptable) 904 Alamanda Dr. 83 84 City NORTH PALM BEACH FL 85 Zip Code 33408
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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 *Paul Harrington* PAUL HARRINGTON DATE 4/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WINGE, MARK STREET ADDRESS 1987 HIGHLAND RD CITY-ST-ZIP NORTH PALM BCH FL 33408	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRD NAME HARRINGTON, PAUL STREET ADDRESS 901 ALAMANDA LANE CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CONNELLY, VIRGINIA STREET ADDRESS 1220 MOVER DR. CITY-ST-ZIP SINGER ISLAND FL 33404	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME CHRISTIANSEN, JENNIFER STREET ADDRESS 11420 US HWY ON ST. 147 CITY-ST-ZIP PALM BEACH GARDENS FL 33408	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 25 4.15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DEP \$70.00

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.

SIGNATURE *Paul Harrington* 3/3/98

CP2E037 (10/97)