

FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43941 (6)
 1. Corporation Name
TREASURE COAST DIVE CLUB, INC.



Principal Place of Business 900 OLD TOWN AVE. JUPITER FL 33468 US	Mailing Address PO BOX 7424 JUPITER FL 33468-7424
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3. Date Incorporated or Qualified 06/17/1991		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
 FRANKLE, PAUL
 192 GREENTREE CIR.
 JUPITER FL 33468

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLE, PAUL	
STREET ADDRESS	192 GREENTREE CIR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MARCHAL, JEFF	
STREET ADDRESS	12095 179TH COURT N.	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANKLE, SANDY	
STREET ADDRESS	192 GREENTREE CIR.	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOPER, JOAN	
STREET ADDRESS	18384 S.E. HERITAGE DRIVE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	QUEENAN, MARK	
STREET ADDRESS	12647 160TH ST.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAW MACLEOD	
1.3 STREET ADDRESS	10705 SE FEDERAL HWY #11	
1.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark QUEENAN	
2.3 STREET ADDRESS	12647 160TH ST.	
2.4 CITY-ST-ZIP	Jupiter, FL 33458	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JON BLAKESLEE	
5.3 STREET ADDRESS	4964 SE Pine Knoll Way	
5.4 CITY-ST-ZIP	Stuart, FL 34997	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sandra M. Frankle* **SIGNATURE REQUIRED** 1-12-98 561-745-167

CP2E037 (10/97)