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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43941

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

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
	Connie Britton 4491 SE Roaring Brook way Stuart FL 34997

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 Connie Britton Treasurer Connie Britton 4/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MACLEOD, DAN	1.1 TITLE	PD Queenan, mark
NAME	10705 SE FEDERAL HWY, #11	1.2 NAME	12647 160th ST
STREET ADDRESS	HOBE SOUND FL 33455	1.3 STREET ADDRESS	Jupiter, FL 33458
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD QUEENAN, MARK	2.1 TITLE	VPD Eder, Roger
NAME	12647 160TH ST	2.2 NAME	352 SW Salerno Rd
STREET ADDRESS	JUPITER FL 33458	2.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD FRANKLE, SANDY	3.1 TITLE	TD Britton, Connie
NAME	192 GREENTREE CIR.	3.2 NAME	4491 SE Roaring Brook way
STREET ADDRESS	JUPITER FL 33468	3.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S COOPER, JOAN	4.1 TITLE	DS McGill, Pamela
NAME	18384 S.E. HERITAGE DRIVE	4.2 NAME	2482 NE 15th Lane
STREET ADDRESS	TEQUESTA FL	4.3 STREET ADDRESS	Jensen Beach, Fla. 34957
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DC BLAKESLEE, JON	5.1 TITLE	
NAME	4964 S.E. PINE KNOLL WAY	5.2 NAME	
STREET ADDRESS	STUART FL 34997	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Connie Britton Connie Britton 4/2/99 561-219-9570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)