1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300004193

1. Corporation Name

TEAM ORLANDO DIVING, INC.

Principal Place of Business 5713 CLEARVIEW DR ORLANDO FL 32819 --

Mailing Address

5713 CLEARVIEW DR ORLANDO FL 32819

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90103 023 ****61.25

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	I O A H				2. Data Incorporated or Qualiford					
2. Principal Pi	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 09/10/1993 .					
21		Suite, Apt. #, etc.		-	4. FEI Number		Applied For			
Suite, Apt.	m, etc.	27 Suite, Apr. #, 610.			59-3198271		Not Applicable			
City & State		City & State				_ \$8.75 Add				
23		28			5. Certificate of Status Desired			Fee Required		
Zip	Country	Zip	Country	у		6. Election Campaign Financing 55.00 May			fav Be	
24	25	29 30	han i a la l			Trust Fund Contribution		Added to Fees		
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered Agent			
			81	Na	ne					
LEVEN, JO	NHÀ LID		82	2 Ctn	ant Addrag	ss (P.O. Box Number is Not Acceptable)				
	ARVIEW DR		04	E Sur	de Audie:	iss (F.O. Box Number is Not Acceptable)	, ,	: <u> </u>		
ORLANDO			83	3		1 H 1 H 1 H 1	.` % 1	1.7		
CHEMINDO	FL 32019						ing	7in C	40	
	•		84	City	<i>!</i>		FL 85	Zip Co	XUB.	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	.⊥ ∕e-naπ	ned corpor	ration submits this statement for the purp	ose of changi	ng its r	egistered	
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was auth	ionzed by	y the c	orporation	n's board of directors. I hereby accept the	e appointment	as reg	stered	
SIGNATURE							DATE			
	Signature, typed or printed name of registered agent		egistered Age	ent signa	ture required s	when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
12.	PDC OFFICERS AND	DELETE	1.1 TITLE			ADDITIONS/OFFIANCES TO STATES	□ Ch		Addition	
TITLE		- Decerte	1.2 NAME				_		-	
NAME	LEVEN, JOHN J JR									
STREET ADDRESS	5713 CLEARVIEW DR		1.3 STREE		288				1	
CITY-ST-ZIP	ORLANDO FL 32819	☐ DELETE	1.4 CITY-5				Ch	ange	Addition	
TITLE	VD	□ occcic	2.1 TITLE				٠٠٠ بــا			
NAME	COLDVEN, LYNN		2.2 NAME							
STREET ADDRESS	3600 CLEMWOOD DR.			ET ADDR	:88					
CITY-ST-ZIP	ORLANDO FL 32803	☐ DELETE	2. 4 CITY- 3.1 TITLE	ST ZIP	_		Ch	anne	Addition .	
TITLE	TD	□ here ie				·	ب ما العالم	ongo	, Timenan I	
NAME	HORNER, BECKY		3.2 NAME							
STREET ADDRESS	472 E. WILDMERE AVE		3.3 STREE		ESS				Ĭ	
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELETE	3 4. CITY-					12000	Addition	
TITLE		Li VCLE(E	4.1 TITLE					yu		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE		ESS					
CITY-ST-ZIP			4.4 CITY-				ПС		☐ Addition	
TITLE	,	☐ DELETE	5.1 TITLE				Пс	ra+180	- Addition	
NAME			5.2 NAME						1	
STREET ADDRESS			5.3 STREE		533					
C!TY-ST-ZIP			5.4 CITY-1						Addition	
TITLE		☐ DELETE	6.1 TITLE					iange		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDR	ESS				ì	

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:

CITY-ST-ZIP