


FILE NOW: FILING FEE IS \$61.25 .

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003478 (4) 1. Corporation Name UNITED STATES OF AMERICAN UNDERWATER FEDERATION, INC.					
Principal Place of Business c/o Roger Springfels 6014 NW 36 PL Gainesville, FL 32606			Mailing Address PO Box 13754 Gainesville, FL 32604-1754		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/14/94 4. FEI Number 59-3188203 Applied For Not Applicable	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent Roger Springfels 6014 NW 36 PL Gainesville, FL 32606			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P/D	<input type="checkbox"/> DELETE			
NAME	NANCE, MURRAY				
STREET ADDRESS	4105 IONA ST				
CITY-ST-ZIP	TITUSVILLE, FL				
TITLE	V/D	<input type="checkbox"/> DELETE			
NAME	PENALTA, ALEXANDER J.D.				
STREET ADDRESS	2500 N FEDERAL HWY STE 101				
CITY-ST-ZIP	FT LAUDERDALE, FL				
TITLE	T/D	<input type="checkbox"/> DELETE			
NAME	SPRINGFELS, ROGER				
STREET ADDRESS	6014 NW 36 PL				
CITY-ST-ZIP	GAINESVILLE, FL				
TITLE	S/D	<input type="checkbox"/> DELETE			
NAME	MILLER, JOHN				
STREET ADDRESS	221 SE SANCHEZ AVE				
CITY-ST-ZIP	OCALA, FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	NANCE, MICHAEL				
STREET ADDRESS	126 FL GYM				
CITY-ST-ZIP	Gainesville, FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JORDAN, MARK				
STREET ADDRESS	1318 NW 3 AVE				
CITY-ST-ZIP	Gainesville, FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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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: <i>Roger Springfels</i> ROGER SPRINGFELS 4/24/98 352/372-0805					

CR2E037 (10/97)