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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

3. Date Incorporated or Qualified: 07/14/94

4. FEI Number: 59-3188203
Applied For: Not Applicable

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields for Roger Springfels.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 (81-85) fields.

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: Signature, typed or printed name of registered agent and title if applicable (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: *Roger Springfels* ROGER SPRINGFELS 4/24/98 352/372-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)