

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000021247 (0)

1. Corporation Name

JACKSONVILLE SCUBANAUTS, INC.



Principal Place of Business 4203 TAHNEE CT. JACKSONVILLE FL 32223	Mailing Address P.O. BOX 43370 JACKSONVILLE FL 32202-2270
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3170553	
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	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHLEISSING, DIANE 4203 TAHNEE CT. JACKSONVILLE FL 32223				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 607.0502 and 607.1508, 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 607.0505, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCANANY, MARIA			1.2 NAME	Stadler, Donald/Pres.		
STREET ADDRESS	3947 PINE BREEZE RD S			1.3 STREET ADDRESS	1249 Hollywood Ave		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32205		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STADLER, DON			2.2 NAME	Hamann, Lowell		
STREET ADDRESS	1437 WOLFE STREET			2.3 STREET ADDRESS	9465 Baymeadows RD #884		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32233		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KURTZ, PAM			3.2 NAME	Stoffel, Phyllis		
STREET ADDRESS	4640 TANBARK RD			3.3 STREET ADDRESS	1743 Lisa Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REDDY, CHRIS			4.2 NAME	MCAnany, Maria		
STREET ADDRESS	8319 VERMANTH RD			4.3 STREET ADDRESS	3947 Pine Breeze Rd S		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	Jacksonville, FL 32257		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNES, MARGARET			5.2 NAME	Barnes, Margaret		
STREET ADDRESS	10421 BISCAYNE BLVD.			5.3 STREET ADDRESS	10421 Biscayne Blvd		
CITY-ST-ZIP	JACKSONVILLE FL 32218			5.4 CITY-ST-ZIP	Jacksonville, FL 32218		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret Barnes

Margaret Barnes 2-9-98 904-381-3515

CR2E034 (10/97)