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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026753 (2)**

1. Corporation Name
UNDERWATER UNLIMITED DIVING SERVICES, INC.

Principal Place of Business	Mailing Address
3461A S.W. SCHOOL AVE PALM CITY FL 34990	3461A S.W. SCHOOL AVE PALM CITY FL 34990

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 10/18/1996

2. Principal Place of Business 21 2646 S.W. MAPP RD	2a. Mailing Address 26 2646 S.W. MAPP RD.
Suite, Apt. #, etc. 22 SUITE 305	Suite, Apt. #, etc. 27 SUITE 305
City & State 23 PALM CITY, FL	City & State 28 PALM CITY, FL
Zip / Country 24 34990 / 25 USA	Zip / Country 29 34990 / 30 USA

4. FEI Number: 65-0404915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHURBUCK, THOMAS K 800 S.W. 16 STREET BOCA RATON FL 33486	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CH/P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROWE, DAVID H		1.2 NAME	
STREET ADDRESS	12 HASLEITERS RETREAT		1.3 STREET ADDRESS	100002220741--8
CITY-ST-ZIP	SAVANNAH GA 31411		1.4 CITY-ST-ZIP	-06/24/97--01004--014 ****550.00 ****550.00
TITLE	VSTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHURBUCK, THOMAS		2.2 NAME	
STREET ADDRESS	800 S.W. 16 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GLENN, RICHARD L		3.2 NAME	
STREET ADDRESS	3747 S.W. WOODBRIAR LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 34990		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, RAY		4.2 NAME	
STREET ADDRESS	8016 W. 115 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66210		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Ray Adams VP RAY ADAMS 5/14/97 913-444-5780