Mar 11, 1999 8:00 am Secretary of State

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03-11-1999 90224 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000029049
	1 00000020070

1. Corporation Name

RESORT	SCUBA INCORPORATED								
Principal Place	e of Business	Mailing Address				1 18811882 118 18188 1111 88311 8811 881			
461 NE 42ND ST BOCA RATON FL 33431 US 461 NE 42ND ST BOCA RATON FL 33431 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/20/1993			
2. Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		plied For	
21		26				65-0404740	\$8.75	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	equired	
City & State	•	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inte	ingible Yes	□No	
24	25		30			Personal Property Tax. 10. Name and Address of New Registered a			
	9. Name and Address of Curre	nt registered Agent		81	Name	10. Halle alle Asserses St. Hall Halle			
	RITT, STEPHEN J			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	ne 42nd street A raton fl 33431			83					
000	A IRION I E OOTO			03		· ·			
				84	City		85 Zip (Code	
44 Diversional	to the manufactors of Scotions 607.05	02 and 607 1508 Florida Statute	e the a	bove-	named com	oration submits this statement for the nurnose of	changing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at ations of, Section 607.0505, Flor	ithorized ida Stati	iby in utes.	e corporation	on's board of directors. Friereby accept the appoin	itment as re	gistered	
	Signature, typed or printed name of registered ag		Ť	Agents	signature required	d when reinstating) DATE	- DIDEOT	NDO IN 40	
12.		ND DIRECTORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE	P STEPLIEN I	☐ DELETE	1.1 TI			•	Onlange		
NAME	EVERITT, STEPHEN J		1.2 N/						
STREET ADDRESS	461 NE 42ND STREET				DORESS				
CITY-ST-ZIP	BOCA RATON FL 33431	☐ DELETE	1.4 CI 2.1 TI	TY- \$T-	ZIP		Change	Addition .	
TITLE	T CHEDITE HELEN	C DELETE							
NAME	EVERITT, HELEN		2.2 N/		DDRESS		•	ļ	
STREET ADDRESS	461 NE 42ND ST		- 1	ITY-ST-	1			_	
CRY-ST-ZIP	BOCA RATON FL 33431 VP	DELETE	3.1 TI		- 2114		Change	Addition	
	TUCKER, MICHAEL		3.2 N						
NAME STREET ADDRESS	3440 N PINEWALK DRIVE #5	18			DDRESS			, [
CITY-ST-ZIP	POMPANO BEACH FL 33063	10		ITY-\$T-				ĺ	
TITLE	TOMITATO BEACTITE GOSGO	DELETE	4 1 TI				Change	☐ Addition	
NAME		_	4.2 N						
STREET ADDRESS					DDRESS	•			
CITY-ST-ZIP				TY-ST-		<u> </u>			
TITLE		☐ DELETE	5.1 TI			-	Change	Addition	
NAME		•	5.2 N	AME					
STREET ADDRESS			5.3 ST	TREETA	ODRESS	•			
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change	☐ Addition	
NAME			6.2 N/	AME		•			
STREET ADDRESS			6.3 ST	TREETA	DORESS			}	

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 of 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 or an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP