

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031135 (5)

1. Corporation Name

HATTS' SCUBA SCHOOL, INC.



Principal Place of Business

2008 S. FRONT ST.
MELBOURNE FL 32901

Mailing Address

2008 S. FRONT ST.
MELBOURNE FL 32901

2. Principal Place of Business

21 6300 N. Wickham Rd

Suite, Apt. #, etc.

22 #134

City & State

23 Melbourne FL

Zip

24 32940

Country

25 USA

2a. Mailing Address

26 6300 N. Wickham Rd

Suite, Apt. #, etc.

27 #134

City & State

28 Melbourne FL

Zip

29 32940

Country

30 USA

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3176396

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

AARON, BRUCE
2008 S. FRONT ST.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

BRUCE AARON

82

Street Address (P.O. Box Number is Not Acceptable)

6300 N. Wickham Rd #134

83

84

City

Melbourne

FL

85 Zip Code

32940

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

Bruce Aaron

(NOTE: Registered Agent signature required when reinstating)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME AARON, BRUCE
STREET ADDRESS 441 N. HARBOR CITY BLVD. D-7
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bruce S. Aaron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407 240-8888

CR2E034 (12/95)