

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

6300 N WICKHAM RD
#134
MELBOURNE FL 32940
US

6300 N WICKHAM RD
#134
MELBOURNE FL 32940-2029
US

2. Principal Place of Business

2a. Mailing Address

21 1684 Cypress Ave

26 2716 S. RIVERVIEW DR

22 Suite, Apt. #, etc.
S-32

27 Suite, Apt. #, etc.
#1

23 City & State
Melbourne FL

28 City & State
Melbourne FL

24 Zip
32935

25 Country
USA

29 Zip
32901

30 Country
USA

9. Name and Address of Current Registered Agent

AARON, BRUCE
6300 N WICKHAM RD #134
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
AARON, BRUCE
82 Street Address (P.O. Box Number is Not Acceptable)
2716 S. RIVERVIEW DR #1
83
84 City
Melbourne FL 85 Zip Code
32901

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/30/97

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
AARON, BRUCE
2716 S. RIVERVIEW DR #1
Melbourne, FL 32901

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

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

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

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

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

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:

[Signature]

4/30/97 (407) 986-7812

CR2E034 (9/96)