

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000035976 (8)**

1. Corporation Name
SCUBA DO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 8:56

Principal Place of Business

P.O. BOX 2237
KEY LARGO FL 33037

Mailing Address

P. O. BOX 2237
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1993** 3a. Date of Last Report **07/11/1994**

4. FEI Number **65-0477621** 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 § 196.032 Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business **301 Lance Lane** 2a. Mailing Address **P.O. Box 2237**
21. ~~Key Largo~~ 26. **Key Largo FL 33037**
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State **Key Largo, FL** 28. City & State **Key Largo FL**
24. Zip **33037** 25. Country **Moneo** 29. Zip **33037** 30. Country **Moneo**

9. Name and Address of Current Registered Agent

DILLON, JOSEPH S
301 LANCE LANE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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 (0508), 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 (0508) Florida Statutes.

SIGNATURE

Sheena Olen President

5-30-95

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	DILLON, JOSEPH S
3. STREET ADDRESS	301 LANCE LANE
4. CITY, ST, ZIP	KEY LARGO FL 33037
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 1, or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Shefford Dillon
SIGNATURE AND TITLE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

President

5-30-95 (305)
451-3446

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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000036098 (0)

1. CORPORATION NAME

VESPA CORPORATION

Principal Place of Business

99198 OVERSEAS HWY
SUITE 5
KEY LARGO FL 33037

Mailing Address

C/O TERZIAN
P.O. BOX 2668
KEY LARGO FL 33037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0413286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt # etc.

Suite Apt # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVANE, WILLIAM N JR.
5701 OVERSEAS HWY., SUITE 17
MARATHON FL 33050

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 of the person named as registered agent and the Florida agent)

(Signature of the person named as registered agent and the Florida agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
TERZIAN, NELSON
99198 OVERSEAS HWY, #5
KEY LARGO FL 33037

D
CASOLA, ROBERT
13357 OVERSEAS HWY
MARATHON FL 33050

D
MANUEL, EUGENE
MM 100.5 OVERSEAS HWY
KEY LARGO FL 33037

D
HAYES, TIMOTHY
81990 OVERSEAS HWY, #104
ISLAMORADO FL 33036

D
SMITH, STEVEN
5701 OVERSEAS HWY
MARATHON FL 33050

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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:

Nelson A Terzian MD, President 5/30/95 451-1108
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR