

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Walker  
Secretary of State  
Tallahassee, Florida 32399-0400

DOCUMENT # **P93000052085 (6)**

DIVE LOCKER INC.

Principal Place of Business: 908 S. DIXIE HWY, LANTANA FL 33462, US  
Mailing Address: 908 S. DIXIE HWY, LANTANA FL 33462, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or chartered	3a. Date of last report
21. Principal Officer or Director		2b. Mailing Address		07/26/1993	05/17/1994
22. State Agent		27. State Agent		4. FEI Number	Applied For / Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 19711C, Florida Statute: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLICHANO, MAURA 908 S. DIXIE HWY LANTANA FL 33462				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 197.011, 197.012, and 197.013, I, the undersigned, the above named corporation submit this statement for the purpose of changing its registered officer as registered agent in Florida. The state of Florida has jurisdiction over this corporation. I, the undersigned, hereby assent to the appointment as registered agent. I am familiar with and accept the responsibility of the duties of a Florida Statute.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D TODD, DOUGLAS F 2448 DOUGLASS AVENUE DELRAY BEACH FL 33444	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D POLICHANO, MAURA F 313 ANGELO LANE COCOA BEACH FL 32931	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to file this report in Florida. I further certify that the information included on this annual report or any financial statement is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am not a director, officer, or shareholder of the corporation and that the name of the officer or director responsible for this report is reported by Chapter 197, Florida Statute, and that my name appears on the Block Transfer of Ownership of all Florida Shares.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (407) 577-3535