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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	1996	DIVISION OF	CORPOR	RATIONS				
DOCUN 1. Corporation	MENT # P9300	00066565 (	1)					
OCEA	IN DIVING, INC.		·					
Principal Place	of Business	Mailing Address					AL BURN CONTA BIRNO BANDI	BINE BIND BIN IDE
750 E SAM	PLE RD	750 E SAMPLE RD						•
POMPANO	BEACH FL 33064	POMPANO BEACH F	L 33064					
						3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last F 05/01/1	
2, Principal Pla	ce of Business	2a. Mailing Address	-			4. FEI Number		Applied For
21 Suite, Apt. #	nto.	26				65-0440486		Not Applicable
22	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	5 Additional Required
City & State	M hith makes an amount opposit adoption of the date of the section	City & State				6. Election Campaign Financing	<b>\$5.0</b>	00 May Be
23	**************************************	28				Trust Fund Contribution	Adde Adde	ed to Fees
Zip 24	Country 25 USA	Zip <b>29</b>		Country 30 USA		Florida Statutes X Yes		
	g, Name and Address of Currer	nt Registered Agent		<b>61</b> Na	me	10. Name and Address of New R	egistered Agent	
AMAGO (AAAPTO				DI Na	me			
MIMS, JAMES 750 E SAMPLE RD				B2 Sto	eet Addre	ss (P.O. Box Number is Not Acceptable	6)	
	NO BEACH FL 33064			83				
				84 Cit			los I z	ip Code
							FL	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sec	2 and 607.1508, Florida Statut ida. Such change was authoriz tion 607.0505, Florida Statutes	es, the abored by the abore.	ove-name corporati	ed corpora on's board	tion submits this statement for the pur of directors. I hereby accept the appo	oose of changing its pintment as registered	registered office dagent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	Lend tili; if applicacio. (NC	OTE: Registere	d Agent signa	iture required v	when reststating)	DATE	
12.	FRANCO PROBLEM 18 NO. 10 CO. 1	ID DIRECTORS	13.	40		ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PSD	<del>-</del> ::		TITLE			Change	Addition
NAME	MIMS, JAMES		1.2 N	IAME				
STREET ADDRESS	750 E SAMPLE RD			STREET ADDR	ESS			
CITY-S1-ZP	POMPANO BEACH FL	[ ] DELETE		CITY - ST - ZIP			Chance	Addition
TITLE NAME		L'I pereie	i i	TITLE IAME			Change	Addition
STREET ADDRESS				TREET ADDR	FSS			
CITY-ST-ZIP				)TY-S1-21P	200			
TITLE		[] DELETE		TITLE			☐ Change	Addition
NAME			321	AME				
STREET ADDRESS			3.3	STREET ADDI	RESS			
CITY-ST-ZIP		P		HIY-ST-ZIP				
THILE		DELETE		1111.6			Change	Addition
NAME				iame				
STREET ADDRESS				ACCIA TEERT				
CITY-ST-ZIP TITLE		DELETE		OTY-ST-ZIP TIFLE			☐ Change	Addition
NAME		La Octobra		NAME		<b>.</b>		
STREET ADORESS				STREET ADDR	ESS	* The second of the second	•	
CITY-ST-ZIP			4	011Y-ST- <i>Z</i> IP				
TITLE		DELETE		TITLE		<u> </u>	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily finished 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 convoration or the receiver of 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 that my name address. SIGNATURE AND TYPED ON BUTING BEAME OF SIGNING OFFICER OR DIRECTOR James Mims

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

4/22/96

(954) 943-3337