

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022857 (4)

1. Corporation Name
ANCHOR SCUBA, INC.

Principal Place of Business
**505 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312**

Mailing Address
**505 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312-1743**



3. Date Incorporated or Qualified **03/24/1994** 3a. Date of Last Report **07/17/1996**

4. FEI Number **65-0486896** 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

2. Principal Place of Business
21 **2635 N. RIVERSIDE DR.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2215 N.W. 40TH AVE.**
Suite, Apt. #, etc.

22 **POMPANO BEACH, FL.**
City & State
23 **33062** Zip
25 **USA** Country

27 **COCONUT CREEK, FL**
City & State
28 **33066** Zip
30 **USA** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERIDAN, ROBERT ERIC
~~**505 W. BROWARD BLVD.**~~
~~**FT. LAUDERDALE FL 33312**~~
2215 N.W. 40TH AVE.
COCONUT CREEK, FL 33066

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Christine Sheridan
NAME	SHERIDAN, ROBERT E	1.2 NAME	TREASURER
STREET ADDRESS	2215 N.W. 40TH AVE.	1.3 STREET ADDRESS	2215 NW 40TH AVE
CITY - ST - ZIP	COCONUT CREEK, FL 33066	1.4 CITY - ST - ZIP	COCONUT CREEK, FL 33066
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

763-3483
3-20-97 (954) 974-5709
Date Daytime Phone #

CR2E034 (9/96)