

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000044051 (8)

1. Corporation Name

UZZI AMPHIBIOUS GEAR, INC.



Principal Place of Business

2315 STIRLING RD
FT LAUDERDALE FL 33312

Mailing Address

2315 STIRLING RD
FT LAUDERDALE FL 33312

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

MITTELBURG, BARRY S
210 NORTH UNIVERSITY DR.
SUITE 802
CORAL SPRINGS FL 33071

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 06/13/1994 | 3a. Date of Last Report 08/31/1995 |
| 4. FEI Number APPLIED FOR 65-0555535 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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 607.1508, 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 typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature is required when re-registering

DATE

| | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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 in an attachment with an address.

SIGNATURE: X / Amos Chess

(Signature and typed or printed name of signing officer or director)

X-4/23/96 X-966-1304
Daytona Beach #

CR2E034 (12/95)