

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90142 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000069423**

1. Corporation Name
SCUBA America Tours, Inc.

Principal Place of Business
**3993 TYRONE BLVD
 SUITE 608-149
 ST. PETERSBURG, FL
 33709**

Mailing Address
**3993 TYRONE BLVD.
 SUITE 608-149
 ST. PETERSBURG, FL
 33709**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3993 TYRONE BLVD

Suite, Apt. #, etc.
22 SUITE 608-149

City & State
23 ST. PETERSBURG, FL

Zip
24 33709

Country
25 USA

2a. Mailing Address
26 3993 TYRONE BLVD

Suite, Apt. #, etc.
27 SUITE 608-149

City & State
28 ST. PETERSBURG, FL

Zip
29 33709

Country
30 USA

3. Date Incorporated or Qualified
9/21/94

4. FEI Number
65-0521395

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**ERIC ENGLER, ESQ
 840 BEACH DRIVE NE
 ST. PETERSBURG, FL 33701**

10. Name and Address of New Registered Agent

81 Name ERIC ENGLER, ESQ
82 Street Address (P.O. Box Number is Not Acceptable) 3993 TYRONE BLVD
83 SUITE 608-149
84 City ST. PETERSBURG FL 85 Zip Code 33709

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]**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/99**

12. OFFICERS AND DIRECTORS

TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	ERIC L. ENGLER	
STREET ADDRESS	840 BEACH DR. NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIC L. ENGLER	
1.3 STREET ADDRESS	3993 TYRONE BLVD, SUITE 608-149	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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

DATE **4/20/99** (727)
 820-0077
 Daytime Phone #

CR2E034(4/1/98)