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

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P94000069423

1. Corporation Name
SCUBAmerica 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

3. Date Incorporated or Qualifed
9/21/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 3993 TYRONE BLVD	26 3993 TYRONE BLVD	65-0521395		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐		$8.75 Additional Fee Required
22 SUITE 608-149	27 SUITE 608-149			
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution		$5.00 May Be Added to Fees
23 ST. PETERSBURG, FL	28 ST. PETERSBURG, FL			
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No		
24 33709 25 USA	29 33709 30 USA			

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 _____ ESS.   4/20/99
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRES.	☐ DELETE	1.1 TITLE PRES.	☑ Change ☐ Addition
NAME ERIC L. ENGLER		1.2 NAME ERIC L. ENGLER	
STREET ADDRESS 840 BEACH DR. NE		1.3 STREET ADDRESS 3993 TYRONE BLVD, SUITE 608-149	
CITY-ST-ZIP ST. PETERSBURG, FL 33701		1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33709	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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, with all other like empowered.

SIGNATURE: _____   4/20/99   (727) 820-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)