

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000077995 (6)

1. Corporation Name

BOYNTON SCUBA CHARTERS, INC.



Principal Place of Business

**C/O ANDREW LURIA
2505 S. OCEAN BLVD.
PALM BEACH FL 33480**

Mailing Address

**C/O ANDREW LURIA
2505 S. OCEAN BLVD.
PALM BEACH FL 33480**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**PAXMAN, JOHN T
515 N. FLAGLER DR.
SUITE 1450
WEST PALM BEACH FL 33401**

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date of Incorporation or Qualified

10/24/1994

3a. Date of Last Report

04/06/1995

4. FEIN Number

65-0529955

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. 198.032, Florida Statutes

Yes 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 607.01(2) and 607.10(5), 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 is authorized by the corporation's board of directors, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LURIA, ANDREW	
STREET ADDRESS	2505 S. OCEAN BLVD.	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	
15. NAME	
16. STREET ADDRESS	
17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. TITLE	
27. NAME	
28. STREET ADDRESS	
29. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information provided with this filing is substantially true and correct, 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, and that my name appears in Block 12 or Block 13 if applicable, or on the front with an add fees.

SIGNATURE: Andrew H. Luria *Andrew H. Luria* **4/17/96** **407-577-0967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)