Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90040 016 ***150.00

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 # P94000088472

1. Corporation Name

CITY-ST-ZIP

JIM ABERNETHY'S SCUBA ADVENTURES. INC.

Principal P ace of Business		Mailing Address				1		** **** ***** ****	** 14181 ****** Widel	
712 PELICAN WAY N PALM BCH FL 33408 US		712 PELICAN WAY N PALM BCH FL 33408 US					DO NOT V	VRITE IN THI	S SPACE	
00		50				1	e Incorporated or Quali 06/1994	fed		
2. Principal Place of Business		2a. Mailing Address				4. FEI	Number 0537835		<u> </u>	lied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				T	ifcate of Status Desire	d 🗆	\$8.75 A Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		ing	\$5.00 May Be Added to Fees	
Zip Cour try		Zip	Country 30			8. This	corporation owes the	current year	ntangible	□No
24	25	29	30				ne and Address of Ne	w Register		
	9. Name and Address of Curre	en vedizielen Adeur	-	81	Name	IŲ. Marī	and Address of Ne	register		
ABERNATHY, ANNA B 712 PELICAN WAY				82 Street Ad		ress (P.O. E	Bo) Number is Not Acc	eptable)		
N P	ALM BCH FL 33408			83	City				. 85 Zip (ode
	to the provisions of Sections 607.05				•			F		
agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed ha he of registered a	gations of, Section 607.0505, F	Torida Statu	ıtes.	signature require	ed when reinstati	ng)	DATE		-
12.	OFFICERS A	AND DIRECTORS	13.			ADDI	TIDNS/CHANGES TO	OFFICERS		
TITLE	D	☐ DELETE	1.1 7П	LE					☐ Change	Addition
NAME	ABERNETHY, JAMES R		1.2 NAME							
STREET ADDRESS	712 PELICAN WAY		1387	13 STREET ADDRESS						
CITY-ST-ZIP	NORTH PALM BEACH FL 334			ry-s <u>t</u>	-ZIP					
TITLE	D	☐ DELETE	2.1 TiT	ZΕ					Change	☐ Addition
NAME	ABERNETHY, ANNA B			2.2 NAME						
STREET ADDRESS	712 PELICAN WAY		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NORTH PALM BEACH FL 334		2. 4 C	TY-ST	r-ZiP					FT 4 1491
TITLE		☐ DELETE 3		3 1 TITLE					Change	Addition
NAME			3.2 NA							
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				TY-ST	- ZIP					
TITLE		☐ DELETE 4.1		ΠE					Change	☐ Addition
NAME			4. 2 NAM							
STREET ADDRE 3S			4 3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CITY		-ZtP				——————————————————————————————————————	
TITLE		☐ DELETE	5.1 TP]				Change	Addition
NAME			5.2 N/							
STREET ADDRESS	s}		53 ST		ADDRESS					
CITY-ST-ZIP										
TITE			5 4 CI	TY-ST-						T KAR
TITLE '		☐ DELETE	5 4 CF 6.1 TIT	TY-ST-					Change	Addition
NAME		☐ DELETE	5 4 Cr 6.1 TH 6.2 NA	TY-ST- TLE VME					Change	Addition

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 of changed or on an attach pent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: