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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # Corporation Name

P94000090648 (4)

SUNNY SEAS SCUBA, INC.

Principal Place of Business Multing Address					
9126 PROS		9126 PROSPERITY PORT RICHEY FL			
PURI RICH	IEY FL 34668	FUNI NIVINCI FL	V7000	Date Incorporated or Qualified	3a. Date of Last Report
				12/15/1994	04/27/1995
2. Principal Pla	ice of Business	2a. Ma'ling Address		4. FEI Number	Applied For
21		26	.,	59-3292599	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Gity & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	1 Pagistared Agent	30	Florida Statutes Yes 10. Name and Address of New F	□ No tegistered Agent
	9. Name and Address of Curren	t negistereo Agent	81 Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
DERE	LONIA, WAYNE D		82 Street Ade	dress (P.O. Box Number is Not Acceptab	nle)
	J.S. 19		62 Street Adi	Iress (F.O. Box Militiber is Not Acceptable)	
	CHEY FL 34668		83		
			84 Oty		85 Zip Code
				oration submits this statement for the pu	FL " Z Z
12.	Signature: specific perfect name of representation APP I OFFICERS AN	D DIRECTORS	dfirth: Brige fered Agest seguetare resp. 13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	C) DELETE	L S TITLE	7,7,5	Change Addition
NAME	DEBELLONIA, WAYNE D		1.2 NAME		
STREET ADORESS	9126 PROSPERITY LN		1.3 STREET ADORESS		
CITY-SI-ZIP	PORT RICHEY FL 34668	[DELETE	2.1 Table		Cnange Addition
TITLE NAME	CLOHESSY, ILONA M	[Forter	2.2 NAME		
STREET ADDRESS	9126 PROSPERITY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		2.4 CHTY+ST_ZIP	J	
TITLE		DEFELF	3 1 117.8		Change Addition
NAME			3 2 NAM(
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		DELETE	4 1 T-1 LE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STHEE! ACORESS		
City-St-ZiP		Fasiti	4.4 C(1Y - ST - Z)P		Change Addition
THILE		☐ DEL€11	5 1 THLE 5 2 NAME		☐ outdigs ☐ Had file
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CrtY - S1 - ZrP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAMÉ			62 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

64 0th - SI-ZIP

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, 1 further certify that the information indicated on this annual report or suppliermental 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 corp interceiver 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 gith an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF EXAMPLED ON DIRECTOR

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