

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032647 (6)

1. Corporation Name

AARON'S SCUBA & SNORKEL CENTER, INC.



Principal Place of Business

**441 N. HARBOR CITY BLVD., D-7
MELBOURNE FL 32935**

Mailing Address

**441 N. HARBOR CITY BLVD., D-7
MELBOURNE FL 32935**

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report
04/29/95

2. Principal Place of Business

21 **6800 N. Wickham Rd**

2a. Mailing Address

26 **6800 N. Wickham Rd**

Suite, Apt. #, etc.

22 **#134**

Suite, Apt. #, etc.

27 **#134**

City & State

23 **Melbourne FL**

City & State

28 **Melbourne FL**

Zip

24 **32940**

Country

25 **USA**

Zip

29 **32940**

Country

30 **USA**

4. FEI Number

59-3311246

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. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AARON, BRUCE S
441 N. HARBOR CITY BLVD., D-7
MELBOURNE FL 32935**

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 607.0502 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

Bruce S. Aaron

Signature, Typed or Printed Name of Registered Agent, and Date Registered

(Note: Registered Agent Signature required when re-electing)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **AARON, BRUCE S**
STREET ADDRESS **441 N. HARBOR CITY BLVD., D-7**
CITY-STATE-ZIP **MELBOURNE FL 32935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(b), 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.

SIGNATURE:

Bruce S. Aaron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 242-8888

CR2E034 (12/95)