

08261999-90004-029-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999

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

DOCUMENT # P95000062619

1. Corporation Name

BLUE PLANET DIVE &amp; SURF, INC.

## Principal Place of Business

C/O KIRK NEVILLE  
1317B NW ST LUCIE W BLVD  
PT ST LUCIE FL 34952

## Mailing Address

C/O KIRK NEVILLE  
1317B NW ST LUCIE W BLVD  
PT ST LUCIE FL 34952

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 9. Name and Address of Current Registered Agent

NEVILLE, KIRK  
2981 SE MORNINGSIDE BLVD  
PT ST LUCIE FL 34952

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

## TITLE

## NAME

## STREET ADDRESS

## CITY-ST-ZIP

## TITLE

## NAME

## STREET ADDRESS

## 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.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.

FILED  
Aug 26, 1999 8:00 am  
Secretary of State

08-26-1999 90004 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

08/14/1995

## 4. FEI Number

65-0598661

Applied For

Not Applicable

## 5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Election Campaign Financing

\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.

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

CR2E034 (5/99)

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

## 1.1 TITLE

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

## 2.1 TITLE

## 2.2 NAME

## 2.3 STREET ADDRESS

## 2.4 CITY-ST-ZIP

## 3.1 TITLE

## 3.2 NAME

## 3.3 STREET ADDRESS

## 3.4 CITY-ST-ZIP

## 4.1 TITLE

## 4.2 NAME

## 4.3 STREET ADDRESS

## 4.4 CITY-ST-ZIP

## 5.1 TITLE

## 5.2 NAME

## 5.3 STREET ADDRESS

## 5.4 CITY-ST-ZIP

## 6.1 TITLE

## 6.2 NAME

## 6.3 STREET ADDRESS

## 6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Cynthia Johnson  
432 SE Seabreeze Lane  
Port St Lucie, FL 34983

4/29/99

561-879-2895