

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064895 (2)**

1. Corporation Name
DIVING SAFARIS DE COSTA RICA, INC.



Principal Place of Business 600 POSEN COURT NE PALM BAY FL 32905	Mailing Address 600 POSEN COURT NE PALM BAY FL 32905-5030
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2. Principal Place of Business 21 3556 Egret Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 3556 Egret Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 08/23/1996
22 City & State 23 Melbourne Zip FL Country 32901		27 City & State 28 Melbourne Zip FL Country 32901		4. FEI Number 59-3338960	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BEARD, NADINE K 600 POSEN COURT NE PALM BAY FL 32905				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 3556 Egret Dr.	
83				84 City Melbourne FL 85 Zip Code 32901	

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 *Nadine K. Beard* **NADINE K. BEARD 4-17-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, NADINE K		1.2 NAME	BEARD, NADINE K.	
STREET ADDRESS	600 POSEN COURT NE		1.3 STREET ADDRESS	3556 Egret Dr.	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, WILLIAM V		2.2 NAME	Beard, William V	
STREET ADDRESS	600 POSEN COURT NE		2.3 STREET ADDRESS	3556 Egret Dr.	
CITY-ST-ZIP	PALM BAY FL 32905		2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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: *Nadine K. Beard* **NADINE K. BEARD 4-17-97 407-724**

CR2E034 (9/96)