
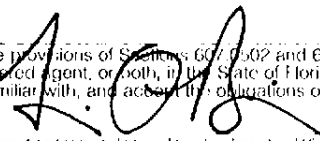


FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000067546 (7)					
1. Corporation Name FT. LAUDERDALE DIVING, INC.					
Principal Place of Business 501 SEABREEZE BLVD. FT. LAUDERDALE FL 33316			Mailing Address 501 SEABREEZE BLVD. FT. LAUDERDALE FL 33316		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
24 Country			29 Country		
25			30		
9. Name and Address of Current Registered Agent					
O'BRIEN, TIMOTHY 501 SEABREEZE BLVD. FT. LAUDERDALE FL 33316					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has authorized the undersigned to act as its registered agent, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and the undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
TITLE		NAME		1.1 TITLE	
STREET ADDRESS		O'BRIEN, TIMOTHY		1.2 NAME	
CITY - ST - ZIP		501 SEABREEZE BLVD.		1.3 STREET ADDRESS	
		FT. LAUDERDALE FL 33316		1.4 CITY - ST - ZIP	
TITLE		NAME		2.1 TITLE	
STREET ADDRESS		O'BRIEN, TIMOTHY		2.2 NAME	
CITY - ST - ZIP		501 SEABREEZE BLVD.		2.3 STREET ADDRESS	
		FT. LAUDERDALE FL 33316		2.4 CITY - ST - ZIP	
TITLE		NAME		3.1 TITLE	
STREET ADDRESS				3.2 NAME	
CITY - ST - ZIP				3.3 STREET ADDRESS	
				3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE	
STREET ADDRESS				4.2 NAME	
CITY - ST - ZIP				4.3 STREET ADDRESS	
				4.4 CITY - ST - ZIP	
TITLE		NAME		5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY - ST - ZIP				5.3 STREET ADDRESS	
				5.4 CITY - ST - ZIP	
TITLE		NAME		6.1 TITLE	
STREET ADDRESS				6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1996	
4. FEI Number 65-0693424	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

O'BRIEN, TIMOTHY
501 SEABREEZE BLVD.
FT. LAUDERDALE FL 33316

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 user) and title (applicable)

(NOTE - Registered Agent signature required when reinstating)

DATE _____

4-7-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVP	1.1 TITLE	
NAME	O'BRIEN, TIMOTHY	1.2 NAME	
STREET ADDRESS	501 SEABREEZE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	O'BRIEN, TIMOTHY	2.2 NAME	
STREET ADDRESS	501 SEABREEZE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 checked, or on an attached report with an address.

SIGNATURE.

TIM O'BRIEN President 2/9/98 954-768-0093

CR2E034 (10/97)