

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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT, 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name
SUNSHINE DIVING & EQUIPMENT
PA6000068889

Principal Place of Business
1909 TINKER DR. LUTZ, FL
33549

2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip 29. Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6/96	4. FEI Number 59 3396470	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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent
RICHARD MORRISON
1909 TINKER DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 Name of Registered Agent and Title of Corporation) _____ (Typed Name of Registered Agent and Title of Corporation) _____ (Typed Name of Registered Agent and Title of Corporation)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P RICHARD MORRISON 1909 TINKER DR. LUTZ FL 33549	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 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: R. Morrison 6/22/98 813-748-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)