

07-08-1999 90022 00811 150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (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 # P96000075868
 1. Corporation Name
 DEPTHFINDERS DIVE CENTER, INC.

Principal Place of Business: 1225 TAMAMI TRAIL UNIT A-5 PORT CHARLOTTE FL 33953 US
 Mailing Address: 1225 TAMAMI TRAIL UNIT A-5 PORT CHARLOTTE FL 33953 US

2. Principal Place of Business (26)
 2a. Mailing Address (26)
 3. City & State (27)
 4. Zip (28) Country (29)
 5. City & State (27)
 6. Zip (28) Country (29)

FILED
 99 JUL -9 PM 12:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 09/10/1996
 4. FEI Number: 65-0700831 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 the current year intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 MYERS, TERRY W
 5301 NORLANDER DRIVE
 PORT CHARLOTTE FL 33981

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

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PTD MYERS, TERRY W 5301 NORLANDER DRIVE PORT CHARLOTTE FL	1.1 TITLE	
2. NAME	VS MYERS, BETTY J LUKICH 5301 NORLANDER DR PT CHARLOTTE FL	1.2 NAME	
3. NAME		1.3 STREET ADDRESS	
4. NAME		1.4 CITY-ST-ZIP	
5. NAME		2.1 TITLE	
6. NAME		2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. NAME		2.4 CITY-ST-ZIP	
9. NAME		3.1 TITLE	
10. NAME		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. NAME		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	
14. NAME		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	
18. NAME		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. NAME		5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	
22. NAME		6.2 NAME	
23. NAME		6.3 STREET ADDRESS	
24. NAME		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing 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: _____ DATE: July 2 1999

CR2E034 (5/99)

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