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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POGOCOT7854

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90015 014 ***150.00

Corporation UNDERW	VATER DISCOVERY INC.	.077001							
Principal Place	e of Business	Mailing Address				I \$801900 IIA facta asile maisi an	() 8611 88111		U1111 U191 1001
222 112TH ST. 222 112TH ST.									
MARATHON FL 33050 MARATHON FL 33050						DO 110714/DI	FE IN TUIO	00405	
					_	DO NOT WRI	IE IN THIS	SPACE	
						Date Incorporated or Qualifed 09/18/1996			
2. Principal Place of Business		2a. Mailing Address			4	4: FEI Number			plied For
21		26				65-0697838			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State	е	City & State			6	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	· ·
Zip	Country	Zip	Counti	ry	8	. This corporation owes the curr	ent year Int	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10	. Name and Address of New F	Registered	Agent	
1.00			8	1 Name		•			
	ETTE, RONALD J		8	2 Street Ad	dress (P.O. Box Number is Not Accepta	able)		
222 112TH ST.					· · · · · · ·				
MAK	ATHON FL 33050		8	3					
			8	4 City		,	FL	85 Zip	Code
agent. i a	in landar with, and dooopt the beinge	tions of, Section 607.0505, Flo	naa Otatate						
SIGNATURE	Signature, typed or printed name of registered age			ent signature req	uired when	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE	: Registered Ag	ent signature req	uired when			ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE	Registered Ag	ent signature req	uired when				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE	13. 1.1 TITLE	ent signature req	uired when				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN P VIOLETTE, RONALD J	int and title if applicable. (NOTE	13. 1.1 TITLE	ent signature req	uired when			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P VIOLETTE, RONALD J 222 112TH ST.	int and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature req	uired when				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P VIOLETTE, RONALD J 222 112TH ST.	nt and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signature req	uired when			☐ Change	☐ Addition
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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 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 officer or director of the corporation or the receiver or trustee empowered.

SIGNATURE: