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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000083604 (4)

ADVENTURE SCUBA WORKSHOPS INC.

## FILED Mar 12 1997 8:00am Secretary of State



Principal Piace of Business Mailing Address					n radisons sen rakta dessit kaliti datut anstit salat salan salat salah attit attit datit atau			
10314 ALLEGRO DRIVE 10314 ALLEGRO DRIVE								
BOCA RATON FL 334	28	BOCA RATON FL 33428	3-4277					
					3. Date Incorporated or Qualified 10/07/1996	3a. Date of Las	st Report	
2. Principal Place of	Business	2a. Mailing Address	<del>.</del>		4, FEJ Number		Applied For	
21 HOI NE	424D STREET	26 HOI NE	424	D STREET	1 65-070373	8 F	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	•		6. Certificate of Status Desired	<b>□</b> \$8.7	5 Additional	
22		27			U. Continuate of States Desired	Fee	Required	
City & State	(True)	City & State  28 BCA RADY			6. Election Campaign Financing			
23 BOCA P	<del>-</del>	<del></del>			Trust Fund Contribution		ed to Fees	
Zib	Country 25 USA	Zib		intry USA	8. This corporation has liability for		er s. 199.032,	
24 33H31	25   US(+) Name and Address of Current	29  <u>3343 </u> Registered Agent	30	USIT	Florida Statutes	Yes Mo		
	······	TO BIOLOGO PARAME		81 Name	10, reside and Address of New III	Misisian Adolir		
10214 ALLEGDO DOME					EUERNI STEDHEN I			
BOCA RATON FL 33428				82 Street Addre	Address (P.O. Box Number is Not Acceptable)  Hb   NF   L2ND STREET			
500/1101	TOTAL CONED			83	DI NE HORD 2	IKEEI		
				`				
	_1			84 City D	OCA RATON		Zip Code ススuス)	
11. Pursuant to the r	provisions of Sections 607.0002	and 607, 1508, Florida Stat	tutes, the a	pove-named corp	oration submits this statement for the	ourpose of changin	o its registered	
office or register	ed agent, or both in the State of	Florida, Such change was	s authorize	d by the corporati	oration submits this statement for the on's board of directors. I hereby acce	pt the appointment	as registered	
	mar with, and accept to obsiger		\ ~	2E611-		2/2/27	)	
SIGNATURE Signature	when or purpose of registered agent	and title if applicable (N		d Agent signature require	ed when reinstating}	DITE /	····	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12	
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STREET ADDRESS			6.2 N	i				
CITY-SI-7IP				REET ADDRESS				
	fy that the information supplied	with this filing does not our		ty-sy-zip exemption stated	in Section 119 07(3Vi). Florida Statuta	s I further certify the	hat the	

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 suppliemental 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 of 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 change of an an attachment with an address.

SIGNATURE:

AND PIPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/97 (56) 4771854