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FILED

May 06 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 # P96000088480 (4)

1. Corporation Name

OUR WORLD DIVE CENTER, INC.

Principal Place of Business

501 TAMiami TRAIL SOUTH  
NOKOMIS FL 34275

Mailing Address

501 TAMiami TRAIL SOUTH  
NOKOMIS FL 34275



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

65-0711721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 OUR WORLD DIVE CENTER

Suite, Apt. #, etc.

22 SUITE #2

City & State

23 NOKOMIS, FL

Zip

24 34275

Country

25 USA

2a. Mailing Address

26 501 TAMiami TRAIL SOUTH

Suite, Apt. #, etc.

27 SUITE #2

City & State

28 NOKOMIS, FL

Zip

29 34275

Country

30 USA

9. Name and Address of Current Registered Agent

SYLVIA, HANK J  
501 TAMiami TRAIL SOUTH  
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

SYLVIA H JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)

501 TAMiami TRAIL SOUTH

83

84 City

NOKOMIS

FL

85 Zip Code

34275

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 H. JOSEPH SYLVIA

Signature, typed or printed name of registered agent and title if applicable

H. JOSEPH SYLVIA

(NOTE: Registered agent signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SYLVIA, HANK J  
STREET ADDRESS 501 TAMiami TRAIL S  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE VD ☐ DELETE

NAME SYLVIA, H. JOSEPH  
STREET ADDRESS 501 TAMiami TRAIL SOUTH  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE SD ☒ DELETE

NAME SYLVIA, LINDA S  
STREET ADDRESS 501 TAMiami TRAIL SOUTH  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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: H JOSEPH SYLVIA

H. JOSEPH SYLVIA

4-27-98 1401043-3424

CR2E034 (10/97)