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FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90022 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098689 (8)
 1. Corporation Name
DAIVING INVESTMENTS (U.S.A.) INC.



Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3935 TORREY PINET BLVD		2a. Mailing Address 26 3412 CLARK RD #102		3. Date Incorporated or Qualified 12/03/1996	
22 Suite, Apt. #, etc. _____		27 Suite, Apt. #, etc. #102		4. FEI Number 65-0722251	
23 City & State SARASOTA FL		28 City & State SARASOTA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34238		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DAVID WATKINS
3412 CLARK RD #102
SARASOTA
FL 34238

10. Name and Address of New Registered Agent
 81 Name **DAVID WATKINS**
 82 Street Address (P.O. Box Number is Not Acceptable)
3412 CLARK RD, #102
 83 City **SARASOTA** **FL** 84 Zip Code **34231**

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: David Watkins DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11?	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DPST	1.2 NAME	
	HERRING, DAVID RC.	1.3 STREET ADDRESS	
	17 MAYFIELD CLOSE	1.4 CITY - ST - ZIP	
	WORTHING WEST SUITE B114 OAG U.K.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	2.2 NAME	
	HERRING, MICHELLE WISA	2.3 STREET ADDRESS	
	17 MAYFIELD CLOSE	2.4 CITY - ST - ZIP	
	WORTHING WEST SUITE B114 OAG U.K.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	3.2 NAME	
	CASH, RICHARD G	3.3 STREET ADDRESS	
	1837 IMPERIAL GOLF COURSE BLVD	3.4 CITY - ST - ZIP	
	NAPLES FL 34110	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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)(x), 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: David Watkins **DAVID WATKINS** Registered Agent **4/26/99** 941 921 9644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed