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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000008642**1. Corporation Name

UNDERWATER CREATIONS, INC.

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90070 033 \*\*\*150.00

Principal Place	of Business	Mailing Address				'	10011001 (10 10111 10011 00111				
5354 BUCKHEAD CIRCLE		5345 BUCKHEAD CIRCLE									
BOCA RATON FL 33486-439		BOCA RATON FL 33486-439			DO NOT WRITE IN THIS SPACE						
US		US				3 Date I	ncorporated or Qualife		OI AOL		Ì
						1 **	8/1997				
a Dringing Di	ace of Business	2a. Mailing Add	ress			4. FEI N			- Ac	plied For	l
2. Fillicipal Fi	BUCKHEAD CILCLE	26				1	723083		_ <del>                                    </del>	t Applicable	1
Suite, Apt.		Suite, Apt. #	etc.						\$8.75	Additional	1
22		27	<u> </u>	- <del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	== 5;=Certifo	ete of Status Desired	·	Fee Re	equired	1
City & State	e	City & State	- · · ·			6, Election	on Campaign Financin	g	\$5.00	May Be	1
23		28	~ ·			Trust	Fund Contribution	* 🗆		to Fees	
Zip	Country	Zip		Country		8. This c	orporation owes the cu	urrent year In	tangible	./	
24	25	29	30			Perso	nal Property Tax.		Yes	No	
	9. Name and Address of Current	Registered Agent				10. Name	and Address of Nev	v Registered	Agent		-
		•		81	Name						
	E, MICHELLE S			82	Street Add	iress (P.O. Bo	x Number is Not Acce	ptable)			1
	DYAL PALM WAY				534,	5 Buck	x Number is Not Acce HEAD CIRCLI		· ·		-
	E 106			83							١.
BOC	A RATON FL 33432			84	City A				85 Zip	Code,	1
					800	CA RAT		FL	_    33	486	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Flor	ida Statutes, th	he above	-named con	poration subm	its this statement for the	ne purpose of	f changing its intment as re	registered aistered	ļ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.	.0505, Florida	Statutes.	and corporat	don's bould of	circulate thereby does	opt the appr		<b>3</b>	
_			-								1
SIGNATURE											1
SIGNATURE	Signature, typed or printed name of registered agent				signature requir	red when reinstating		DATE			وَ ا
12.	OFFICERS AND	DIRECTORS		13.	signature requir		ONS/CHANGES TO C				60,7
	OFFICERS AND	DIRECTORS	DELETE	13. 1.1 TITLE	t signature requir				ND DIRECTO	DRS IN 12	(44,00)
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE (SNPARE) RE

-561-347-7153