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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000036812

1. Corporation Name
BARRY ALLISON SCUBA SALES, INC.

Principal Place of Business	Mailing Address
953 FALLING WATER RD. WESTON FL 33326	953 FALLING WATER RD. WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1998

2. Principal Place of Business	2a. Mailing Address
21 2207 N.E. 15th Court	26 2207 NE 15th Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale, FL	28 City & State: Ft. Lauderdale FL
24 Zip: 33304 25 Country: USA	29 Zip: 33304 30 Country: USA

4. FEI Number: 65-0828190 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLISON, GEORGE B
953 FALLING WATER RD.
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name: Allison, George B.
82 Street Address (P.O. Box Number is Not Acceptable): 2207 NE 15th Court
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33304

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: George B. Allison, Pres. DATE: 3/23/99
Signature, type/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE George B. Allison 953 Falling Water Rd Weston, FL 33326	1.1 TITLE Pres. 1.2 NAME George B. Allison 1.3 STREET ADDRESS 2207 NE 15th Court 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: George B. Allison 02/22/99 954-294-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #