

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90019 025 \*\*\*150.00

0212580

DOCUMENT # P98000056540

1. Corporation Name

INTERNATIONAL ASSOCIATION OF PUBLIC SAFETY DIVER  
S, INC.

Principal Place of Business  
6500 PRADO BLVD  
CORAL GABLES FL 33143

Mailing Address  
6500 PRADO BLVD  
CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

65-08495076

Applied For

Not Applicable

5. Certificate 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARX, BRUCE  
2650 BISCAYNE BLVD  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HOFF, RANDY  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ DELETE  
NAME HOLLAND, KEVIN C  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☒ DELETE  
NAME ROQUE, OSCAR A  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ DELETE  
NAME MOXLEY, DONALD  
STREET ADDRESS 6500 PRADO BLVD  
CITY-ST-ZIP CORAL GABLES FL 33143

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

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:

*Randy Hoff*

RANDY HOFF EXECUTIVE DIRECTOR

01-03-98

305-666-9096

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)