

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

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08282 (8)

1. Corporation Name
SCUBA CORP.

Principal Place of Business

350 FIFTH AVE-S
NAPLES FL 34103

Mailing Address

350 FIFTH AVE-S
NAPLES FL 34103



3. Date Incorporated or Qualified

01/21/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

LLP 55-0310748

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Girardin Baldwin & Assoc.

2a. Mailing Address

22P Girardin Baldwin & Assoc.

22 Suite, Apt. #, etc.
5147 Castello Drive

27 Suite, Apt. #, etc.
5147 Castello Drive

23 City & State
Naples, FL

28 City & State
Naples, FL

24 Zip
34103

25 Country
Collier

29 Zip
34103

30 Country
Collier

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M.
850 FIFTH AVE-S
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
Robert P. DiBenedetto

82 Street Address (P.O. Box Number is Not Acceptable)
5147 Castello Drive

83

84 City
Naples, FL 85 Zip Code
34103

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

Robert P. DiBenedetto

2/4/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BRUGGLER, JOSEF
RAINER STREET 23A, A-5310 MONDSEE
AUSTRIA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BRUGGLER, JOSEF
RAINER STREET 32A, A-5310 MONDSEE
AUSTRIA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 do 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 13, as changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

941-5918263

CR2E034 (9/96)