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 Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90093 018 ***150.00

DOCUMENT # V08282 1. Corporation Name

SCUBA CORP.

DELETE 1.1 TITLE	SCUBA CO	ORP.	·						
SURPLY OF THE STATE OF THE STAT	Principal Place C	of Business	Mailing Address				<u> </u>		
NAPLES FL 34103 NAPLES			5147 CASTELLO DRIVE	5147 CASTELLO DRIVE					
2. Principal Place of Business 2s. Mailing Address 4. FEI Number No. Applied For No. Applied F	NAPLES FL 34103	3					DO NOT WRITE IN THIS SPACE		
Principal Place of Business 2a. Mailing Address 65-0310748 Applied For Not Applicable Not Applied For Not Applied		US				01/21/1992			
2. Principal Place of Business 28. Maning Audiess 28. Maning Audiess 28. 28. 28. 28. 28. 28. 28. 28. 29. 29. 29. 20. 29. 2			La sa iii Addaga				4. FEI Number	Applied For	
Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27	2. Principal Pla	ce of Business					65-0310748		
City & State Ci	21								
City & State	Suite, Apt. #	, etc.							
Zip Country Zip Country Zip Country Sup Su									
Zip							Trust Fund Contribution Adde	ed to Fees	
Personal Property Tax. Personal Address of New Registered Agent Address of New Registered Agent Address of New Registered Agent Property Tax. Personal Property Tax.		Country							
9. Name and Address of Current Registered Agent 10. Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of System (1). Name and Address of New Neglets of New Negle			<u>├</u> ┐ `	30			Personal Property lax.		
DIBENEDETTO, ROBERT P. 5147 CASTELLO DRIVE NAPLES FL 34103 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	24	0. Name and Address of Curren					10. Name and Address of New Registered Agent .		
SIGNATURE 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Statutes. SIGNATURE 12.		9. Name and Address 1.		_	81	Name			
NAPLES FL 34103 83				82 Street Addres		dress (P.O. Box Number is Not Acceptable)			
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 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, and the florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered degree and the florida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered degree and the florida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered degree and the florida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered degree. I hereby accept the purpose of changing its registered degree. I hereby accept the purpose of change in the corporation's board of directors. I hereby accept the appointment as registered degree. I hereby accept the appointment as registered degree. I hereby accept the appointment as registered degrees. I hereby accept the appointment as registered agent and except the corporation's board of directors. I hereby accept the appointment as registered degrees. I hereby accept the corporation's board of directors. I hereby accept the appointment as registered accept the corporation's board of directors. I hereby accept the appointment as registered accept the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the appointment as registered accept the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the corporation's board of directors. I hereby accept the corporation's board	V		1		83			Ì	
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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, riperd or printed name of registered agent and tide if application. (NOTE: Registated Agent agenture required when reinstating) DPS	1471	20 12 01100			\		85	Zip Code	
Office of registered ageint, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Nyoed or printed name of registered agent and tile if spiriculate. (NOTE: Registered Agent segnature required when reinstating) DATE					1 '		FL !		
12. OFFICERS AND DIRECTORS DELETE DPS DPS DRAME STREET ADDRESS DRAME DRA	agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Fk	orida St	tatutes	i.	DATE DATE		
TITLE OPS BRUGGLER, JOSEF BRUGGLER, JOSEF STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 21 MINE STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 21 MILE 22 NAME 22 NAME 37 STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 31 MINE STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 31 MINE 32 NAME 31 STREET ADDRESS CITY-ST-ZIP DELETE 31 MINE 32 NAME 31 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE AUSTRIA FL DELETE 41 MAME STREET ADDRESS 34 CITY-ST-ZIP DELETE 41 TITLE AUSTRIA FL DELETE 41 MAME STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 MILE AUTHORSS CITY-ST-ZIP DELETE 51 MILE SAME STREET ADDRESS STREET AD		OFFICERS AN	ID DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TILE TILE NAME STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP AUSTRIA FL DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE NAME 55 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME 55 STREET ADDRESS CITY-ST-ZIP TITLE NAME 55 STREET ADDRESS CITY-ST-ZIP TITLE NAME 55 STREET ADDRESS STREET	├ ──		☐ DELETE	1.	1 TITLE		,	ige	
STREET ADDRESS CITY-ST-ZIP AUSTRIA FL T NAME BRUGGLER, JOSEF STREET ADDRESS CITY-ST-ZIP AUSTRIA FL ODELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP AUSTRIA FL ODELETE 31 TITLE 32 NAME STREET ADDRESS CITY-ST-ZIP ODELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP ODELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP ODELETE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP ODELETE 42 NAME 43 STREET ADDRESS CITY-ST-ZIP ODELETE 45 TITLE NAME 45 STREET ADDRESS CITY-ST-ZIP ODELETE 51 TITLE NAME 51 STREET ADDRESS CITY-ST-ZIP ODELETE 51 TITLE NAME 51 STREET ADDRESS CITY-ST-ZIP ODELETE 51 TITLE NAME 51 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODELETE 51 TITLE NAME 51 STREET ADDRESS S	1			1.	2 NAME				
CITY-ST-ZIP AUSTRIA FL TITLE TITLE NAME BRUGGLER, JOSEF STREET ADDRESS CITY-ST-ZIP AUSTRIA FL 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP AUSTRIA FL 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS S	1	BAINER STREET 23A. A-5310	MONDSEE	NDSEE 1.3 STREET ADDRESS		T ADDRESS			
TITLE NAME BRUGGLER, JOSEF STREET ADDRESS CITY-ST-ZIP AUSTRIA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1 ITILE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP CHANGE 1 ITILE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1 ITILE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP DELETE 51 ITILE S2 NAME S3 STREET ADDRESS S5 STREET ADDRESS S5 STREET ADDRESS S5 STREET ADDRE	1			1.	4 CITY-5	ST- ZIP		nge	
NAME BRUGGLER, JOSEF STREET ADDRESS CITY-ST-ZIP AUSTRIA FL		T	☐ DELETE	2	1 TITLE		, Cita	ilde D'American	
STREET ADDRESS CITY-ST-ZIP AUSTRIA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS STR	, ·	BRUGGI FR. JOSEF		2	2 NAME		and the second of the second o		
CITY-ST-ZIP	1	A COMPANIE CONTRACTOR OF THE C			2.3 STREET ADDRESS		· · ·	ļ	
DELETE S.1 TITLE S.2 NAME STREET ADDRESS S.4. CITY. ST. ZIP Change Addition Additio				2	4 CITY	ST-ZIP		enge	
NAME 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP Change Addition	<u> </u>	Addition	☐ DELETE	3	.1 TITLE	1			
STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				3	.2 NAME			Ţ	
STREET ADDRESS STRE				3	3.3 STRE	ET ADDRESS			
DELETE 4.1 TITLE	• · · · · · · · · · · · · · · · · · · ·							ange Addition	
NAME			☐ DELETE	4	1.1 TITLE	[٦,٠	- J	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addit	Į.	Į.		1		I			
CITY-ST-ZIP				ľ	4.3 STRE	ET ADDRESS		ł	
DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Ad	Y			_				ange Addition	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE DELETE S.Z NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addit			DELETE						
STREET ADDRESS	NAME					1			
CMY-ST-ZIP	ſ	s)	,		
TIME DELETE	CITY-ST-ZIP							nange	
I '		1	☐ DELETE						
NAME 63 STREET ADDRESS	1		\wedge						
STREET ADDRESS 6.4 CITY-ST-ZIP	STREET ADDRESS	s	11			1			

iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an this see purpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in this true with all other like amounted. CITY-ST-ZIP 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental and officer or director of the corporation or the receiver Block 12 or Block 13 if changed on the paraltachment

SIGNATURE:

Davtime Phone #