

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra H. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V54700 (2)

1. Corporation Name
EMERALD COAST SCUBA SCHOOL, INC.

Principal Place of Business Mailing Address
127 E. HWY 99 SUITE 10-A DESTIN FL 32541 US
127 E. HWY 99 SUITE 10-A DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/28/1992** 3a. Date of Last Report **04/20/1994**
 4. FEI Number **59-3138399** 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**
 7. This corporation has liability for establishment under s. 191.002 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 State Apt # etc 26 State Apt # etc
 22 City & State 27 City & State
 23 Zip 28 Country
 24 25 29 30

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**REID, LORI Y.
 127 E. HWY 99
 SUITE 10-A
 DESTIN FL 32541**

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 Zip Code

I, the undersigned, 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 (Agent) _____ (Current Registered Agent) _____ (New Registered Agent) _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHMITZ, ANNA
STREET ADDRESS	P. O. BOX 1604 N/A
CITY, ST, ZIP	DESTIN FL
TITLE	S
NAME	REID, LORI
STREET ADDRESS	P. O. BOX 1633 N/A
CITY, ST, ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b) Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of this report.

SIGNATURE: *Lori Reid / Anna Schmitz*
 SIGNATURE AND TYPED OR PRINTED NAME OF BRINGS OF BOTH OR DIRECTOR

4/28/95 904-837-0933

CR2E034 (3-95)