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

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(2)

QUIESCENCE DIVING SERVICES, INC.

**FILED** May 08 1998 8:00am Secretary of State

|--|--|--|

| Principal Place of Business Mailing Address   |  |   |                       | ı ingini giril iğudi dikili iğiği ği | 10 IBN B1811 <del>2</del> 1811         |   | EIG METMET 10001  |                                   |               |  |
|---|--|---|-----------------------|--------------------------------------|--|---|---|-----------------------------------|---------------|--|
|   | RSEAS HWY.                             |   | OVERSEAS HWY.         |                                      |  |   |   |                                   |               |  |
|   |  | BOX 1570                                  |                       |                                      | DO NOT WE                              | DO NOT WRITE IN THIS SPACE  |   |                                   |               |  |
| KEY LARGO FL 33037 KEY LARGO FL 33037   |  |   |                       |                                      | 3. Date incorporated or Qualific       |   | DEACE   |                                   |               |  |
|   |  |   |                       |                                      |  | 06/16/1978  |   |                                   |               |  |
|   | Place of Business                      | 2a. Mailin                                | g Address             |                                      |  | 4. FEI Number   |   | <b> </b>                          | oplied For    |  |
| 21 Suite Ast  | # oto                                  | 26  | 4_1 4 11              |                                      |  | 59-1825557  |   |                                   | ot Applicable |  |
| Suite, Apt  |  | Suite, Apt. #, etc.                       |                       |                                      |  | 5. Certificate of Status Desired                                    |   | \$8.75 Additional<br>Fee Required |               |  |
| I Cit∨& Sta   | City & State   City & State            |   |                       |                                      |  | 6. Election Campaign Financing                                      | )   | \$5.00                            | May Be        |  |
| 23  |  | 28  |                       | Trust Fund Contribution              |  | Added   | to Fees   |                                   |               |  |
| Zip<br>24   | Country                                |   | <b>⊢</b>              | Country                              |  | 8. This corporation owes or has                                     |   |                                   |               |  |
| 24  | 25                                     | 29  | 30                    |                                      |  |   | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                                   |               |  |
|   | ······································ | ss of Current Registered A                | gent                  | 81                                   | Name                                   |   | Registered /  | Agent                             |               |  |
|   | Lesser, Robert D                       | A RAJA SJ                                 |                       | 01                                   | Name                                   |   |   |                                   |               |  |
| 103680 OVERSEAS HIGHWAY<br>KEY LARGO FL 33037   |  |   | 82                    | Street                               | Address (P.O. Box Number is Not Accept | ess (P.O. Box Number is Not Acceptable)                             |   |                                   |               |  |
|   |  |   |                       | 83                                   |  |   |   |                                   |               |  |
|   |  |   |                       | 84                                   | City                                   |   | FL  | <b>85</b> Zip (                   | Code          |  |
| 11. Pursuant  | to the provisions of Secti             | ions 607 0502 and 607.1506                | Florida Statutes, the | above                                | -named                                 | corporation submits this statement for the                          | e numose of   | changing it                       | s registered  |  |
| 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 Arrest or printed name       | of registered agent and title if applicat | de (NOTE Posis)       | 423                                  |  | e required when reinstating)  | DATE  |                                   |               |  |
| 12.   |  | FICERS AND DIRECTORS                      | two is negative.      |                                      | III BIQNAKOR                           | ADDITIONS/CHANGES TO OF   |   | DIRECTOR                          | S IN 12       |  |
| TITLE   | VD                                     |   |                       | TITLE                                |  | 7.00.11.01.07.01.01.02.0 1.0 0.1                                    | TOLIG FIED  | Change                            | Addition      |  |
| NAME  | SCHEALL, WILLIA                        | M T                                       |                       | NAME                                 |  |   |   | •                                 |               |  |
| STREET ADDRESS  | ANCHOR CONDO                           |   |                       |                                      | ADDRESS                                |   |   |                                   |               |  |
| CITY-ST-ZIP   | TAVERNIER, FL 00                       | 0000                                      |                       | CITY-S                               |  |   |   |                                   | }             |  |
| TITLE   | PD                                     |   |                       | TITLE                                |  |   | ,   | Change                            | Addition      |  |
| NAME  | BLESER, ROBERT                         | D   | 2.2                   | NAME                                 |  |   |   |                                   |               |  |
| STREET ADDRESS  | 103680 OVERSEA                         | S HWY                                     | 2.3                   | STREET                               | ADDRESS                                |   |   |                                   |               |  |
| CITY-ST-ZIP   | KEY LARGO FL                           |   |                       | 4 CITY - S                           |  |   |   |                                   |               |  |
| TITLE   | STD                                    |   | T 22. 22.             | TITLE                                |  |   |   | Change                            | Addition      |  |
| HAME  | CAPUTO, PAUL A                         |   | 3.2                   | NAME                                 |  |   |   | -                                 |               |  |
| STREET ADDRESS  | 172 E. RIDGE ROA                       |   | 33                    | STREET                               | ADDRESS                                |   |   |                                   |               |  |
| CITY - ST - ZIP   | PLANTATION KEY                         | FL  | 3.4                   | I. CITY - S                          | T-ZIP                                  |   |   |                                   | Ì             |  |
| TITLE   |  |   | DELETE 4.1            | TITLE                                |  |   |   | Change                            | ☐ Addition    |  |
| NAME  |  |   | 4.1                   | 2 NAME                               |  |   |   |                                   |               |  |
| STREET ADDRESS  |  |   | 4.3                   | STREET                               | ADDRESS                                |   |   |                                   |               |  |
| CITY-ST-ZIP   |  |   |                       | CITY-S                               | 1-ZIP                                  |   |   |                                   |               |  |
| TITLE   |  |   | DELETE 5.1            | TITLE                                |  |   |   | Change                            | Addition      |  |
| NAME  |  |   | 5.2                   | NAME                                 |  |   |   |                                   |               |  |
| STREET ADDRESS  |  |   | 5.3                   | STREET                               | ADDRESS                                |   |   |                                   |               |  |
| CITY-\$1-ZIP  |  |   |                       | CITY - S                             | - ZIP                                  |   |   |                                   |               |  |
| TITLE   |  |   | ☐ DELETE 6.1          | TITLE                                |  |   |   | Change                            | ☐ Addition    |  |
| NAME  |  |   | 6.2                   | NAME                                 |  |   |   |                                   |               |  |
| STREET ADDRESS  |  |   | 6.3                   | STREET                               | ADDRESS                                |   |   |                                   |               |  |
| CITY-ST-ZIP   |  | supplied with this lines do               |                       | CITY-S                               |  | d in O-100 440 07/01/01 File 10 10 10 10 10 10 10 10 10 10 10 10 10 |   |                                   |               |  |

tion quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information toporf is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an include the proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

2 NT- 10-12440