

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

*18192*

1997 JUL 23 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H05393 (4)**

1. Corporation Name  
**DIVERSIFIED DIVING SERVICE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O STEVEN SAUNDERS 390 NE 51 CT FT LAUDERDALE FL 33334</b>	Mailing Address <b>C/O STEVEN SAUNDERS 390 NE 51 CT FT LAUDERDALE FL 33334</b>
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3. Date Incorporated or Qualified <b>05/29/1984</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-2416874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**SAUNDERS, STEVEN  
5190 NW 1 AVE  
FT LAUDERDALE FL 33309**

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PDS</b> <input type="checkbox"/> DELETE
NAME	<b>SAUNDERS, STEPHEN</b>
STREET ADDRESS	<b>5190 N.W. 1 AVENUE</b>
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>
TITLE	<b>TV</b> <input type="checkbox"/> DELETE
NAME	<b>SAUNDERS, STEPHEN</b>
STREET ADDRESS	<b>5190 N.W. 1ST AVE.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>900002250669--6</b>
1.3 STREET ADDRESS	<b>-07/29/97--01067--007</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

*768  
7/23/97*

# Diversified Diving Services, Inc.

48202

DOCKS • DECKS • PILINGS • SEAWALLS • COMMERCIAL DIVING  
390 Northeast 51 Court, Fort Lauderdale, Florida 33334 • Telephone 954 / 491-5296 • C.C. 86-948

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July 17, 1997

Division of Corporations  
Fla. Dept. of State  
Sandra B Mortham  
Secretary of State  
Division of Corporations

Dear Ms. Mortham,

I sent in the \$165.00 filing fee for the corporation between 12/23/96 and 1/4/97 as shown by my check stubs as check #7486. This check never cleared my bank and I did not go back month after month to check on it. It obviously got lost in transit. I have been sending my payments faithfully on time for 8 years. I do not believe that the penalty is fair as the check was sent. From now on I will send them certified receipt required as I am sending this one. I am enclosing the check for \$165.00, if there is still a problem please contact me.

Sincerely,



Diversified Diving Services  
Steve Saunders, Pres.