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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90127 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K81157**  
 1. Corporation Name  
**DIVERS RESOURCES, INC.**

Principal Place of Business: **2898 DATE PALM ROAD BOCA RATON FL 33432**  
 Mailing Address: **C/O FLYNN ENTERPRISES 676 N. MICHIGAN AVE. #4000 CHICAGO IL 60611**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **04/13/1989**  
 4. FEI Number: **65-0121752** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, BEVERLY</b>	2.2 NAME	
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, KEVIN</b>	3.2 NAME	<b>Flynn, Kevin F.</b>
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	3.3 STREET ADDRESS	<b>676 N. Michigan Ave., Suite 4000</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>Chicago, IL 60611</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, BRIAN</b>	4.2 NAME	<b>Flynn, Brian J.</b>
STREET ADDRESS	<b>2898 DATE PALM RD.</b>	4.3 STREET ADDRESS	<b>676 N. Michigan Ave., Suite 4000</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>Chicago, IL 60611</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPERANDEO, YVONNE</b>	5.2 NAME	
STREET ADDRESS	<b>202 N. JACKSON</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLARENDON HILLS IL 60514</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKIBICKI, KEITH</b>	6.2 NAME	
STREET ADDRESS	<b>511 N. GRANT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HINSDALE IL 60521</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Keith J. Skibicki **KEITH J. SKIBICKI** 4-19-99 (312) 280-3718  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)