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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000079963 (0)**

1. Corporation Name
INTERNATIONAL DIVERS INC.

Principal Place of Business	Mailing Address
5996 BENT PINE ROAD APT. 3206 ORLANDO FL 32822	5996 BENT PINE ROAD APT. 3206 ORLANDO FL 32822-3336

3936 S. SEMORAN BLVD

2. Principal Place of Business	2a. Mailing Address
21 ORLANDO FL	26 3936 S. SEMORAN BLVD
Suite, Apt. #, etc. 22 #1411	Suite, Apt. #, etc. 27 # 1411
City & State 23 orlando FL	City & State 28 orlando FL
Zip / Country 24 32822-4023 / 25 USA	Zip / Country 29 32822 4023 / 30 USA

3. Date Incorporated or Qualified: 09/26/1996
3a. Date of Last Report:
4. FEI Number: 59-3407999 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name: DAVID ANDREW JAMES 82 Street Address (P.O. Box Number is Not Acceptable): 3936 S. SEMORAN BLVD #1411 83 orlando 84 City: orlando FL FL 85 Zip Code: 32822 4023

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	JAMES, DAVID A	1.2 NAME	DAVID ANDREW JAMES
STREET ADDRESS	5996 BENT PINE ROAD APT. 3206	1.3 STREET ADDRESS	3936 S. SEMORAN BLV #1411
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO FL 32822-4023
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002164893
STREET ADDRESS		6.3 STREET ADDRESS	-05/05/97--01002--052
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

CR2E034 (9/96)

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: _____ 4.12.97 (407)