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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 509132

(7)

THE DIVING LOCKER CHARTER SERVICES, INC.

**FILED** May 08 1997 8:00am Secretary of State

Principa Place of Busines	Mailing Addr	Mailing Address 223 SUNNY ISLES BLVD N MIAMI BCH FL 33160-4208			i 100 test dittis natife 1819t island (1910 (1911) åtett asalt Elian atett atett				
10800 COLLINS AVE SUP #2									
N MIAMI BCH FL 33160 US					3. Date Incorporated or Qualified				
2. Principal Place of Busi	ness	2a. Mailing Ad	ddress			4. FEI Number 59-2535427		ŤП	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt	i. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & Sta	ite	<del></del>		6. Election Campaign Financing		\$5.0	O May Be
<b>23</b> Zip	Country	<b>28</b> Zip		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution  8. This corporation has liability for it		ax unde	d to Fees s. 199.032,
24	25	29		30			Yes		
	and Address of Curre	nt Registered Age	nt	81	Name	10. Name and Address of New Re	istered A	gent	
GLINSKY, EILI				Ľ					
223 SUNNY ISLES BLVO. NORTH MIAMI FL 33160				L	82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
	•			84	City			85 Zi	p Code
					<u> </u>	rporation submits this statement for the p	<u>FL</u>	<u> </u>	
SIGNATURE Supplementation type  12.	d or printed name of repolered ac OFFICERS AI	ND DIRECTORS		16. Registered Ap	ent signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECT	ORS IN 12
THEE P			DELETE	1.1 TITLE				Chang	e 🔲 Additio
	Y, EILEEN			1.2 NAME					
	nny isles blvd. I Beach Fl			1	T ADDRESS				
COY-SI-ZIP N MIAM	DENOTITE		DELETE	1.4 CITY- 2.1 TITLE	51-2IP		<del></del>	Chang	e Additio
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS	•			
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C TY-S1-ZIP				3.4. CITY-					
TIFLE		L	DELETE	4.1 TITLE				Chang	e Additio
NAME				4. 2 NAME					
STHEET ADDRESS				"	7 ADDRESS				
CHY-SI-72			DELETE	4.4 CiTY-	ST-ZIP			Chang	e Additio
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STHEET ADDRESS					1 ADDRESS				
Diff-ST-ZiP				5.4 CITY~					
THE			DELETE	6.1 TITLE				Chang	e 🔲 Additio
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-ST 7IP				64 CITY-	ST-ZIP				

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 receive, or trustee employered 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.