FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 636398

(0)

THE DIVING SITE, INC.

Principal Place of Business Maling Address

12399 OVERSEAS HIGHWAY 12399 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050

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	/erseas highway On FL 33050	12399 OVERSEAS H MARATHON FL 3300					
					3. Date Incorporated or Qualified 09/14/1979	3a. Date of Last 04/25/	
	Place of Business	2a. Mairrig Address 26			4. FEI Number 59-1934208		Applied For Not Applicable
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.7	75 Additional
22		27			5. Certificate of Status Desired	Fe	e Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ded to Fees
23 Zip	Country	28 Zip	Country		This corporation has liability for		
24	25	29	30			□ No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent	
			81	Name			
	AN, ROBERT B.		82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)	
	9 OLS HWY		83				
MAH	ATHON FL 33050			<u> </u>			
			84	City		FL 85	Zip Code
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above i	tanted corpo	ration submits this statement for the pu	rpose of changing it	s registered office
or registe	ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	da. Such change was authori	ized by the corp	oration's boa	ard of directors. Thereby accept the app	iointment as register	ed agent. Lam
CICAIATHDE							
SIGNATURE	Signature, typica or positivo nune collegi detectarje.		Mr. Fesjidices Age	tsgodini je pio		DATE	
12.	OFFICERS A [*]	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	-ICERS AND DIREC	
TITLE	TILMAN, ROBERT B.		1 2 NAME				
NAME STREET ADDRESS	D O DOV 54000F		13 STREE	ADDRESS			
City - ST - ZIP	KEY COLONY BCH FL		14 CHY-				
TIT, F	ST	DELETE	2 1 TILLE			☐ Chang	e Addition
NAME	TILMAN, ROBERT T.		2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
COLY - ST ZIF	MARATHN FL		2.4 CHY-	S1 - ZIF			
TITLE		DELETE	3 1 11/1 F			Chang	ge 🔲 Addition
NAMÉ			3.2 NAMÉ				
STREET ADDRESS	5			1 ADDRESS			
CITY-S1-ZIP		[] DELETE	3.4 CHY - 4.1 Tif. E	ST 21P		[] Chang	ge
TITLE NAME			4.2 NAME				
STREET ADORESS	.		i	E ADORESS			
City-St-Zif			4.4 City -				
TITLE		☐ DELETE	5 1 TITLE			☐ Chan	ge 🔲 Addition
NAME			5.2 NAME	!			
STREET ADDRESS	s		5 3 STREE	LADDRESS			
CITY-ST-ZIP			5.4.Clf.y -	S1 - 719			
TITLE		Detete	6 1 WILE			☐ Chan	ge 🔲 Addition
NAME			62 NAME				
STREET ADDRESS	s			LADDRESS			
CITY . \$1 . 21P			6.4 CITY -	ST-ZIP			

14. If do hereby certify that the information supplied with this filling is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/96 3089-1021

CR2E034 (12/9