

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90235 004 ***150.00

DOCUMENT # F42400

1. Corporation Name

TROPICAL DIVE ADVENTURES, INC.



Principal Place of Business

Mailing Address

% J.W. DAVIS
~~101 CAYMAN DR.~~
~~PALM SPRINGS FL 33461~~

% J.W. DAVIS
~~101 CAYMAN DR.~~
~~PALM SPRINGS FL 33461~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1981

4. FEI Number

59-2130451

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

2. Principal Place of Business

2a. Mailing Address

21 6000 Georgia Avenue
Suite, Apt. #, etc.

26 P. O. Box 7307
Suite, Apt. #, etc.

22 Suite #2
City & State

27
City & State
28 West Palm Beach, Fla.

23 West Palm Beach, Fla.

Zip Country
24 33405 **25** U.S.

Zip Country
29 33405-7307 **30** U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JAMES W.
~~101 CAYMAN DR.~~
~~PALM SPRINGS FL 33461~~

81 Name

James W. Davis

82 Street Address (P.O. Box Number is Not Acceptable)

6000 Georgia Avenue - Suite #2

83

84 City

West Palm Beach,

FL

85 Zip Code
33405

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DAVIS, JAMES W**
CITY-ST-ZIP ~~**101 CAYMAN DRIVE**~~
~~**PALM SPRINGS, FL 33461**~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition
DAVIS, JAMES W.
6000 GEORGIA AVENUE - SUITE #2
WEST PALM BEACH, FLA., 33405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22nd, 1999

561-585-0616

Date

Daytime Phone #

CR2E034 (11/98)