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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

KEY WEST DIVER, INC.

23

24

FILED May 11 1998 8:00am Secretary of State

Trust Fund Contribution

incipal Place of Business	Mailing Address		isk dody, dodyr brain diann indr	
A. M. 4.5 US #1 ITOCK ISLAND (EY WEST FL 33040	M. M. 4.5 US #1 Stock Island Key West Fl 33040	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified 02/03/1982		
Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
	26	59-2210723	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be	

Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEANS, WM K. MM 4.5 US 1 Street Address (P.O. Box Number is Not Acceptable) KEY WEST, FL 83 KEY WEST FL 33040 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 Honda. 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 .		<i></i>		
			e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	•	1.1 TITLE	Deans, William K. 125 Southpoint Drive Summerland Key, FL 33042 Change	☐ Addition
NAME	DEANS, WILLIAM K	1.2 NAME	Dearist Contract Orige	
STREET ADDRESS	RT 2 BOX 591 A	1.3 STREET ADDRESS	125 South point 1 01100	
CITY-ST-ZIP	SUMMERLAND DEY FL	1.4 CITY - ST - ZIP	Summerland Key, FL 33042	
TITLE	DELETE	2.1 TITLE	Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - \$1 - ZIP		
TITLE	☐ DELE.TE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - S1 - ZIP		
TITLE	DELETE	4 1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-S1-ZIP		
TITLE	☐ DELET E	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		
STREET ADDRESS		6.3 STREET ADDRESS		

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.

6.4 CITY - ST - ZIP