## 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** 

## DOCUMENT # F83545 1. Corporation Name

WONDERS FROM THE DEEP, INC.

Principal Plac	e of Business	Mailing Address			. ''007100 1101 11	180 11(8) 8(1)( 8)50( 5)?) 8(0)	#1815 #1841 #1411	
662 S GULFVIE	EW BLVD	662 S GULFVIEW BLVD			·			
CLEARWATER FL 33767 US		CLEARWATER FL 33767 US						
					DO NOT WRITE IN THIS SPACE			
					3. Date incorporate 06/02/1982	d or Qualifed		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For
21		26		59-2174321	1		lot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certificate of State	us Desired 🗌	•	Required
City & Star	te	City & State			6 Flection Campaid	ın Financino	\$5.00	) May Bo
23		28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	v		owes the current year		
24	25	— ·	30	,	Personal Property	-	X Yes	□No
24	9. Name and Address of Current		30		<del></del>	ess of New Registere		
	5. Name and Address of Current	registered Agent	81	,	10, Name and Addi	caa oi item itegiatere	n Agent	*
MFI	ISSAS, JIMMY M			. Name				
756 SUNG ISLAND			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	ARWATER FL 33767				, was a large	autores o or ya er tys.		Come Benezia go
CLE	ANNIATEN PE 33/0/		83	3				
			84	City	*****	FOUND AND PROPERTY AND BUSINESS	. 85 Zip	Code
			٦	City		F	L  °   Z	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abov	/e-named corp	poration submits this state	ement for the purpose	of changing it	s registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was au ions of Section 607.0505. Flor	uthorized by	the corporati	ion's board of directors. I	hereby accept the app	ointment as r	egistered
	•	ions of, Section 607.0303, Flor	ida Statute	<b>.</b>				
SIGNATURE	Signature, typed or printed name of registered agent	ALOTS:	Continued Ass	ent signature require		DATE		
12.				ant signature requir			AND DIRECT	ORS IN 12
12.	OFFICERS AND		13.	int signature require		IGES TO OFFICERS		
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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.

6.4 CITY-ST-ZIP

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90021 026 \*\*\*150.00