

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004931 (9)

1. Corporation Name

DEEP SEA DISCOVERIES, INC.



Principal Place of Business

122 ARLINGTON PLACE  
WEST PALM BEACH FL 33405

Mailing Address

122 ARLINGTON PLACE  
WEST PALM BEACH FL 33405-5006

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

NOT APPLICABLE

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

APPLIED FOR 65-0709649

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

84 City

FL

85 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 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

*Kent L. Pietsch* KENT L. PIETSCH

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIETSCH, KENT L	
STREET ADDRESS	122 ARLINGTON PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOBSON, BRETT W	
STREET ADDRESS	2017 PERSHING STREET	
CITY-ST-ZIP	DURHAM NC	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WHITEAKER, ROBERT A	
STREET ADDRESS	443 MILLS DRIVE	
CITY-ST-ZIP	BENICIA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEEDEN, DONALD E	
STREET ADDRESS	145 MASON STREET	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOROWITZ, KENNETH A	
STREET ADDRESS	486 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBOW, DAVID A	
STREET ADDRESS	119 EAST SENECA ST.	
CITY-ST-ZIP	ITHACA NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CERNONI, ROBERT A.	
1.3 STREET ADDRESS	12 TALBOT DRIVE	
1.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11020	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOBSON, BRETT W	
2.3 STREET ADDRESS	2017 PERSHING STREET	
2.4 CITY-ST-ZIP	DURHAM NC	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PIETSCH, KENT L	
3.3 STREET ADDRESS	122 ARLINGTON PLACE	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97

561 655 7861

CR2E034 (9/96)