

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G02896** (0)

1. Corporation Name

LADY CYANA DIVERS, INC.



Principal Place of Business

% KENNETH R. WRIGHT
85932-2 U.S. HIGHWAY #1
ISLAMORADA FL 33036

Mailing Address

% KENNETH R. WRIGHT
85932-2 U.S. HIGHWAY #1
ISLAMORADA FL 33036

3. Date Incorporated or Qualified
10/04/1982

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2225702

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

10. Name and Address of New Registered Agent

WRIGHT, KENNETH R.
85932-2 U.S. HIGHWAY #1
ISLAMORADA FL 33036

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
WRIGHT, KENNETH R.
STREET ADDRESS **85932-2 U.S. HIGHWAY #1**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE ☐ DELETE

NAME **VD**
OCKERLUND, LORALEE
STREET ADDRESS **87465 OLD HWY 104**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P/M**
WRIGHT, KENNETH R.
1.3 STREET ADDRESS **85932 OVERSEAS HWY, #2**
1.4 CITY-ST-ZIP **ISLAMORADA, FL 33036**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V/D**
MARK HRVSKA
2.3 STREET ADDRESS **21 SOUTH EAST 5TH ST.**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V/D**
GLORIA J. TEAGUE
3.3 STREET ADDRESS **106003 OVERSEAS HIGHWAY**
3.4 CITY-ST-ZIP **KEY LARGO, FL 33037**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **T/D**
MALCOLM LOCKWOOD
4.3 STREET ADDRESS **85932 OVERSEAS HWY, #5**
4.4 CITY-ST-ZIP **ISLAMORADA, FL 33036**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **S/D**
PAUL MACDONALD
5.3 STREET ADDRESS **87465 OLD HWY #254**
5.4 CITY-ST-ZIP **ISLAMORADA, FL 33036**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change, with an attachment with an address.

SIGNATURE:

[Signature]

KENNETH R. WRIGHT (P/M)

APR 26/96 305-664-8717

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)