

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

FILED

Jan 27 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 # **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 33036-3300**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/04/1982

3a. Date of Last Report

05/01/1996

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

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

10. Name and Address of New Registered Agent

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

(Type, print, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> DELETE
NAME	WRIGHT, KENNETH R.	
STREET ADDRESS	85932 OVERSEAS HWY, #2	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OCKERLUND, LORALEE	
STREET ADDRESS	87485 OLD HWY 104	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HRUSKA, MARK	
STREET ADDRESS	21 SOUTH EAST 5TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEAGUE, GLORIA J	
STREET ADDRESS	108003 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, MALCOLM	
STREET ADDRESS	85932 OVERSEAS HWY, #5	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MACDONALD, PAUL	
STREET ADDRESS	87485 OLD HWY #254	
CITY-ST-ZIP	ISLAMORADA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, 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 or in an attachment with an address.

SIGNATURE:

(Signature)

KENNETH R. WRIGHT, PM

JAN 27/97 (305) 664-8717

(Type, print, typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (9/96)