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

1	MENT # H1855 IGER DIVING & SALVAGE,	` '			
Principal Place of Business Mailing Address					11811 OLDII OLDII DIDII OLDII DLOII 1901
3300 NW NORTH RIVER DR. 3300 NW NO		3300 NW NORTH RIVE	R DR	1	
MIAMI FL 33142 MIAMI FL 33142			DO NOT MOTE O	17110 00405	
U\$		U\$		DO NOT WRITE IN 3. Date Incorporated or Qualified	N THIS SPACE
ł				08/23/1984	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-2477120	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	- ' - '
24	[25]	[29]	30	Personal Property Tax due June 30	
541	9. Name and Address of Currer	it Registered Agent	81 Name	10, Name and Address of New Regi	steled Agent
DAVE MUDUNALU, SR., F.A.					
1393 S.W. 1ST STREET, SUITE 200 MIAMI FL 33135			82 Street Ad	dress (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 register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typind or profest name of registered agr		IOTE Registered Agent's gnature rec		I>A\E
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	DELETE	1.1 TIBLE		Change Addition
NAME	SCHURGER, BRUCE	•	1.2 NAME		
STREET ADDRESS	3300 NW NO RIVER		1.3 STREET ADDRESS		
CITY-ST-Z#P	MIAMI FL		1.4 CRY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-2IP		Figure	4.4 CITY-ST-ZIP		Change 1 4449
TITLE		☐ DELETE	5.1 Till!		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Drifts	5.4 CITY - ST - 7IP		Channe Lidding
TITLE		☐ DELETE	6111/11		Change Addition
NAME			; 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY S1-7IP			6 A CUIV-ST-7/P		

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee importance to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an advises.

SIGNATURE:

Churger - PRESIDENT

4/1/9

305-638-1095

FILED

Apr 13 1998 8:00am

Secretary of State

72E034 (10/97)