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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K72620**

(3)

GULF STREAM DIVER, INC. Principal Place of Business Mailing Address 278 SUSSEX CIRCLE 278 SUSSEX CIRCLE JUPITER FL 33458-8118 JUPITER FL 33458 3. Date incorporated or Qualified 3a. Date of Last Report 03/14/1989 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0103129 Not Applicable 26 Suita, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Žip Country 8. This corporation has liability for intangible tax under s. 199.032, 🞇 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSE, MARK **278 SUSSEX CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) **JUPITER 33458** 83 84 City Zip Code 85 of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the appointment as registered to apply the obligations of Section 507,0505, Florida Statutes. 11. Pursuant to the prov SIGNATI Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELFTE Change MILI 1.1.3ITLE Addition ROSE, MARK 1.2 NAME 278 SUSSEX CIRCLE 1.3 STREET ADDRESS STIME ENDORESS JUPITER FL ODS: 51-28 1.4 CITY - ST - ZIP DELETE Change ___ Addition THEF 21 TITLE NAME 2.2 NAME STEEL CALCURESS 23 STREET ADDRESS CITY-SE ZII 2 4 CITY - ST - ZIP DELETE TIBLE 31 TITLE Change Addition NAME 3.2 NAM3 STELL FAIL DRESS 3.3 STREET ADDRESS Cilin-St ZiF 3.4. C(1) Y - \$1 - Z(P) DELETE Change Addition THEF 4.1 TITLE NAMŁ 4 2 NAME \$TELL LABORESS 4.3 STREET ADDRESS CH (-S! ZE 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME

14. If do hereby certify that the information suggeted 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 eath; that I am an officer or director of the concention 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 23 if changed or on an atlachnesh with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City-St-ZiP

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61 THLE

6.2 NAMÉ

SIGNATURE

STREET: AS OHESS

STREET ACCORESS

Crim-St ZiP

THE

NAME

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-5 97

FILED

Mar 19 1997 8:00am

Secretary of State

Dave no Otron #

☐ Change

___ Addition