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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81157

1. Corporation Name

DIVERS RESOURCES, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90127 041 ***150.00



Principal Place of Business Mailing Address					1		,,, g,g,,	
2896 DATE PALM ROAD BOCA RATON FL 33432		C/O FLYNN ENTERPRISES 676 N. MICHIGAN AVE. #4000 CHICAGO IL 60611			DO NOT WRITE IN THIS SPACE			
			_			3. Date Incorporated or Qualifed 04/13/1989		
Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26 % Flynn Enterprises, Inc.		<u>، ۲</u>	65-0121 <u>752</u>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	5 Additional	
22		27 676 N. Michigan Ave, \$4000		_ COC	Fee Require			
City & State		City & State 28 Chicago, IL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip J	Country			8. This corporation owes the current year		
24	25	29 60611 31	。	<u> </u>		Personal Property Tax.	∐Yes	□No
Name and Address of Current Registered Agent				Name		10. Name and Address of New Register	ea Agent	
C T CORPORATION SYSTEM				81 Name				
	SOUTH PINE ISLAND ROAD		82 Street Addres			s (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	-				
,			63	ļ				
			84	City			= L 85 2	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corpo	corpora oration'	ation submits this statement for the purpose s board of directors. I hereby accept the ap	opointment as) its registered s registered
	Signature, typed or printed name of registered agent			nt signature r	equired w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TOPS IN 12
12.	OFFICERS ANI	D DIRECTORS	13. 1.1 TITLE		_	ADDITIONS/CHANGES TO OFFICERS	Chan	
TITLE	FLYNN, DONALD		1.2 NAME					•
NAME	2898 DATE PALM RD.		1.3 STREET ADDRESS					
STREET ADDRESS	BOCA RATON FL		1.4 CITY-ST-ZIP					
CITY-ST-ZIP	D	□ DELETE	2.1 TITLE	11-ZIF			Chan	nge Addition
NAME	FLYNN, BEVERLY	<u></u>	2.2 NAME					
STREET ADDRESS	2898 DATE PALM RD.			TADDRESS				
CITY-ST-ZIP	DOG DITOUR		1	2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	7. =	Di	rector	Chan	nge Addition
NAME	FLYNN, KEVIN		3.2 NAME		FIL	inn Kevin F.		
STREET ADDRESS	2898 DATE PALM RD.		3.3 STREE	T ADDRESS	1076	Inn, Kevin F. o N. michigan Ave., S.	ite 40ء	00
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP	Ch	icago, IL (6061)		
TITLE	D	☐ DELETE	4.1 TITLE		170:	المراسلاء هم	Char	nge
NAME	FLYNN, BRIAN		4. 2 NAME		FI	ynn, Brian J. 6 N. Michigan Ave., S		
STREET ADDRESS	2898 DATE PALM RD.		4.3 STREE	TADORESS	671	6 N. michigan Ave., =	יר שדיטנ	000
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-5		Ch	icago, IL 100611		
TITLE	S	☐ DELETE	5.1 TITLE			7 ,	Char	nge 🔲 Addition
NAME	SPERANDEO, YVONNE		5.2 NAME					
STREET ADDRESS	202 N. JACKSON			TADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	.		<u></u>	
TITLE	VT	☐ DELETE	6.1 TITLE	١	1		Char	nge 🖺 Addition
NAME	SKIBICKI, KEITH		6.2 NAME		}			
STREET ADDRESS	511 N. GRANT		■ 6.3 STREE	TADDRESS	i			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HINSDALE IL 60521