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Jan 14 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 # L05646

(9)

1. Corporation Name
PEARL DIVER I, INC.

Principal Place of Business
P.O BOX 4810
PANAMA CITY FL 32401-4810

Mailing Address
P.O BOX 4810
PANAMA CITY FL 32401-8810

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/08/1989 | 3a. Date of Last Report 02/09/1996 |
| 4. FEI Number 59-2883320 65-0135986 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAUSS, GORDON J.
4291 WOODBRIAR DRIVE
FT. MYERS FL 33905

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 607.1506, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | CLAUSS, GORDON G. | 1.2 NAME | |
| STREET ADDRESS | 3415 -10 W. 19TH ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA CITY FL | 1.4 CITY - ST - ZIP | |
| TITLE | STD | 2.1 TITLE | |
| NAME | CLAUSS, CAROLE A. | 2.2 NAME | |
| STREET ADDRESS | 3415- 10 W. 19TH ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA CITY FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | CLAUSS, GORDON J. | 3.2 NAME | |
| STREET ADDRESS | 4291 WOODBRIAR DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. MYERS FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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.

SIGNATURE: *Gordon G. Clauss* Gordon G. CLAUSS 1-8-97 904-769-9056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)