

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

FILED

Feb 18 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L44180

(2)

1. Corporation Name
"DEEP 6" SALVORS, INC.

Principal Place of Business

% WALTER E. WILLIAMS JR
2357 CHERIMOYA LN
ST JAMES CITY FL 33956-2021

Mailing Address

% WALTER E. WILLIAMS JR
2357 CHERIMOYA LN
ST JAMES CITY FL 33956-2021

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

01/24/1996

4. FEI Number

65-0168850

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 702 Fishermans wharf

2a. Mailing Address

26 13300-56 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SLIP # 15

27 SUITE 314

City & State

City & State

23 Ft. Myers Beach, FL

28 Ft. Myers, FL

Zip

Country

Zip

Country

24 33931

25 Lee

29 33907

30 Lee

9. Name and Address of Current Registered Agent

WILLIAMS, WALTER E. JR
2357 CHERIMOYA LN
ST JAMES CITY FL

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

702 FISHERMANS WHARF

83

SLIP # 15

84

City
Ft. Myers Beach

FL

85

Zip Code
33931

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WALTER E. JR	
STREET ADDRESS	POB 543 N/A	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HELEN M	
STREET ADDRESS	P O BOX 543 N/A	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	702 Fishermans Wharf SLIP 15
1.4 CITY-ST-ZIP	Ft. Myers Beach FL 33931
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	702 Fishermans Wharf, SLIP 15
2.4 CITY-ST-ZIP	Ft. Myers Beach FL 33931
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-97 (941) 765-1545

Date Daytime Phone #

CR2E034 (9/96)