## 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

DOCUMENT #

(2)

"DEEP 6" SALVORS, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
	ian's wharf	13300-56 S CLEVELAND	AVE						
SLIP #15	TACIL EL 00004	STE 314				DO NOT MORE IN THE OPAGE			
US	EACH FL 33931	FT MYERS FL 33907 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						01/17/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				65-0168850	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip				Country  8. This corporation owes or has paid the current year Intangible					
24	25 29 30			Personal Property Tax due June 30. Yes No					
144	9. Name and Address of Curren	t Registered Agent		04	A	10. Name and Address of New Registered	1 Agent		
WILLIAMS, WALTER E. JR				81 Name					
1	2 Fisherman's Wharf IP #15	<b>82</b> Stre		Street Addr	ress (P.O. Box Number is Not Acceptable)				
1	MYERS BEACH FL 33931			83	-				
				84	City	<u> </u>	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 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 tille if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND		13.	•		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	
TITLE	DPI	DELETE	1.1 ไป	LE			Char	ige Addition	
NAME	WILLIAMS, WALTER E. JR		1,2 NA	ME				13	
STREET ADDRESS	702 FISHERMAN'S WHARF SLIP 15			REET	ADDRESS				
CITY-ST-ZIP	FT MYERS BEACH FL			ry-st	I-ZIP			13	
TITLE	DVS	DELETE	2.1 TIT				Char	nge 🔲 Addition 🤇	
NAME	Williams, Helen M		2.2 NA	ME					
STREET ADDRESS	702 FISHERMAN'S WHARF, SLIP 15			3 STREET ADDRESS					
CITY-ST-ZIP	FT MYERS BEACH FL		2. 4 Ci						
TOTLE		DELETE	3.1 TIT				Chan	nge 🔲 Addition	
NAME			3,2 NA						
STREET ADDRESS				3.3 STREET ADDRESS				į	
CITY - ST - ZIP			3.4. CI	3.4. CITY - ST - ZIP					
TITLE			4.1 TO				☐ Chan	nge	
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET ,	ADDRESS				
CITY-ST-ZIP			4,4 CIT	TY-\$T	F-ZIP				
TITLE		☐ DELETE	5.1 TIT				Chan	ige 🔲 Addition	
NAME			5.2 NA	ME	.				
STREET ADDRESS			5.3 ST	REET /	ADDRESS				
CITY-ST-ZIP			5.4 CI						
TITLE		DELETE	6.1 717				Chan	ige 🔲 Addition	
NAME			6.2 NA						
STREET ADORESS			1		ADDRESS				
1			6.4 Cri		1				
CITY-ST-ZIP	- A'	the state filling of a second second file.	= 0.4 GH	1-21	I BALL AND	Section 110 07/3\/i\ Florida Statutos 1 further	antifu that	the information	

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.

941 745 1545