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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(1)

DOCUMENT # M74214 PLEASURE HUNT DIVE CHARTERS, INC.

FILED Apr 30 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					1 0 0 0 0 0 0 0 0 0		
HIGHWAY 98 WEST P.O. BOX 5502 DESTIN FL 32540		HIGHWAY 98 WEST P.O. BOX 5502 DESTIN FL 32540-5502					
		223 12 323 3332			3. Date Incorporated or Qualified 03/29/1988	3a. Date of L 06/17/19	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2887881		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	ing \$5.00 May Be Added to Fees	
Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for its second contribution.		
24	25	29	30		Florida Statutes	Yes 🗌 No	der S. 199.032,
	9, Name and Address of Current	t Registered Agent		1	10. Name and Address of New Re	gistered Agent	
	LTER, LEE		81	Name			
	N BLUE HERON DRIVE TA ROSA BEACH FL 32459		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
•			83				
•			84	City		ler l	Zin Code
			1	' '			Zip Code
office or re agent. I a	to the provisions of Sections 607 0502 egistered agent, or both, in the State in In familiar with, and accept the obliga	Pand 607.1508, Florida State of Florida: Such change was dions of, Section 607.0505, F	utes, the above authorized by Torida Statute	e-named corp y the corporati s.	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose of chang of the appointmen	ing its registered nt as registered
SIGNATURE					- ,		n:=
12.	Signature, typed or printed name of registered ager OFFICERS AND		11. Registered Age	ent signature requir	ed when remetating) ADDITIONS/CHANGES TO OFFIC	DATI	TODE IN 10
TITLE	P	DELETE	1,17111.6		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	STELTER, LEE	C ******	1.2 NAME				ingo Lu Zaukan
STREET ADDRESS	218 N BLUE HERON DRIVE		1.3 STRELT	ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL		1.4 CITY - 5				
TITLE	VP	DELETE	2.1 1(1)(01-70		Cha	inge 🔲 Addition
NAME	STELTER, JEANNE-MARIE	*****	2.2 NAME			<u></u>	gs
STREET ADDRESS	218 N BLUE HERON DRIVE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SANTA ROSA BCH FL		2. 4 CHY-				
TITLE		☐ DELETE	3.1 101.6	S1 E.		Cha	inge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-1				•
TITLE		DELETE	41 111LF			☐ Cha	inge 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STHEET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	11-7IP			
TITLE		DELETE	51 HILE			☐ Cha	inge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST - ZSP		·	
TITLE		☐ DELETE	61 TITLE			☐ Cha	inge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CHY- S				
intormation I am an of	n indicated on this annual report or su	opplemental armual report is the receiver or trustee empo	true and accu wored to exec	irate and that.	l in Section 119.07(3)(i), Florida Statute my signature shal: have the same lega Las required by Chapter 607, Florida S	Laffact as if mad	a undar anthe the