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

Mailing Address HIGHWAY 98 WEST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M74214

1. Corporation Name

Principal Place of Business

HIGHWAY 98 WEST

PLEASURE HUNT DIVE CHARTERS, INC.

P.O. BOX 5502 DESTIN FL 32540		P.O. BOX 5502 DESTIN FL 32540					DO NOT WRI	re in This	SPAC	Έ		
DESTINATE SECT	~					3.	Date Incorporated or Qualifed 03/29/1988	• · · · ·				
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number	•		A	oplied For	
21							59-2887881		[No.	ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State					Election Campaign Financing		S	5.00	May Be	
23	·	28			-	"	Trust Fund Contribution				to Fees	
Zip	Country	Zip	Cour	ntry		8.	. This corporation owes the curre	ent year In	tangibl	9		
24	25 29			30			Personal Property Tax.	-	☐ Ye		No	
	9. Name and Address of Current					10.	. Name and Address of New R	egistered	Agent			
STELTER, LEE 218 N BLUE HERON DRIVE SANTA ROSA BEACH FL 32459				82	Name Street A	Address (F	P.O. Box Number is Not Accepta	ible)				
SMIII	IA NOSA DEACH FL 32439		{	83								
				84	City			FL	85	Zip	Code	
agent. I ar SIGNATURE	to the provisions of Sections 607.2001 egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flori	da Statu	ites,		equired when	reinstating)	DATE				
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS A	ND DIF	RECTO	ORS IN 12	
TITLE	P	1.1 TIT	LE	$\neg \neg$	Γ				hange	☐ Addition		
NAME	STELTER, LEE		1.2 NA	ME								
STREET ADDRESS	218 N BLUE HERON DRIVE		13.ST	RFFT (ADDRESS	ĺ						
	SANTA ROSA BEACH FL		1.4 CITY-ST-ZIP									
CITY-ST-ZIP	VP	DELETE	2.1 TIT							hange	Addition	
NAME	STELTER, JEANNE-MARIE		2.2 NA			Į .						
STREET ADDRESS	218 N BLUE HERON DRIVE		23 ST	REET	ADDRESS	1						
	SANTA ROSA BCH FL		1		- 1							
CITY-ST-ZIP TITLE	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE						hange	☐ Addition		
NAME			3.2 NA	MË	1							
STREET ADDRESS			3.3 ST	REET	ADDRESS		•					
ſ			3.4. CI		- {	-						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT			1				hange	Addition	
NAME			4.2 N	AME								
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CT	ry-87-	.ZIP							
TITLE		☐ DELET E	5.1 TIT							hange	Addition	
NAME			5.2 NA	ME	1							
STREET ADDRESS			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP			5.4 Cf	TY-ST	-ZIP					_		
TITLE		☐ DELETE	6.1 TT	LE	Ī					hange	Addition	
NAME			6.2 NA	ME								
STREET ADDRESS			6.3 ST	REET	ADDRESS			•				
CITY_ST_7iP				TY-ST		1						
14. I hereby of indicated officer or	certify that the information supplied wit on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an attact	annual report is true and accur ver or trustee empowered to ex	ate and ecute th	tnat is re	my signa port as re	required b						

SIGNATURE:

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90032 026 ***150.00