


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N20183** (2)

1. Corporation Name

MARINE ARCHAEOLOGICAL COUNCIL, INC.

Principal Place of Business

Mailing Address

**BROWARD COUNTY, FLORIDA
2507 N OCEAN BLVD
POMPANO BCH FL 33062
US**

**LIGHTHOUSE DIVE CTR
2507 N OCEAN BLVD #B
POMPANO BCH FL 33062
US**

3. Date Incorporated or Qualified

04/16/1987

4. FEI Number

65-0002544

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAYLER, DANIEL J.
40 NE 53RD COURT
FT LAUDERDALE FL 33334**

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 617.0502 and 617.1508, 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 617.0503, 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

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

SINGER, STEVE

1.2 NAME

STREET ADDRESS

2341 NE 27 TERR

1.3 STREET ADDRESS

CITY-ST-ZIP

POMPANO BEACH FL

1.4 CITY-ST-ZIP

TITLE

CD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

SHAYLER, DANIEL J.

2.2 NAME

STREET ADDRESS

40 NE 53 CT

2.3 STREET ADDRESS

CITY-ST-ZIP

FT LAUDERDALE FL

2.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

LINDA WOODHOUSE

3.2 NAME

STREET ADDRESS

2507 N OCEAN BLVD.

3.3 STREET ADDRESS

CITY-ST-ZIP

POMPANO BEACH FL

3.4 CITY-ST-ZIP

TITLE

S

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

FIEREMANS, GEERT

4.2 NAME

STREET ADDRESS

23145 POST GARDEN WAY #619

4.3 STREET ADDRESS

CITY-ST-ZIP

BOCA RATON FL

4.4 CITY-ST-ZIP

TITLE

DT

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

KAPLAN, DAVID

5.2 NAME

STREET ADDRESS

7791 NW 33 ST

5.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL

5.4 CITY-ST-ZIP

33024

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

☐ DELETE

6.2 NAME

STREET ADDRESS

☐ DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.4 CITY-ST-ZIP

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David Kaplan Treasurer** 2/21/98 954-430-3338

CP2E037 (10/97)