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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000017967**1. Corporation Name

CITY-ST-ZIP

EAST COAST COALITION OF COMMERCIAL DIVERS, INC.

Principal Place of Business Mailing Address						. 19911991 114 13142 HILL SSHI SSHI SSHI		
12660 OVERSEAS HWY P. O. BOX 501341							•	
MARATHON FL 33050 MARATHON FL 33050 US US						DO NOT WRITE IN	THIS SPACE	
00		00				3. Date Incorporated or Qualifed	,	
		. *				03/05/1993		!
Principal Place of Business 2a. Mailing Address						4. FEI Number	. [4	Applied For
21						65-0394731		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	Additional
22 27			<u>.</u>			5. Certificate of Status Desired	Fee F	Required
City & Sta	ate	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	intry		8. This corporation owes the current year		
24	25	[29]	30	1-		Personal Property Tax.	¥ Yes	□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Register	red Agent	
וחמ	WDELL, THOMAS J III			["	Name			
11300 OVERSEAS HWY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	:	
	RATHON FL 33050-3465			83		The second secon	1 12 12 12 12 12 12 12 12 12 12 12 12 12	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
, ,	74.11.011 / E 00000 0100			63			法"说"解决	
•				84	City	etal e com de la como	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered		_	Agent	signature required	when reinstating) DAT		
12.	1 _	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D DOWNING BONNIA	☐ DELETE	1.1 Til				Change	☐ Addition
NAME	BROWNING, DONNA		1.2 N]	•		
STREET ADDRESS			1		ADDRESS	, · · · · ·	• •	
CITY-ST-ZIP	MARATHON FL 33050	☐ DELETE	_	TY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
TITLE	D III	☐ DELETE	2.1 TT				☐ Change	Addition
NAME	VICKERS, JIM		2.2 NA			\$		
STREET ADDRESS					ADDRESS	:	*· ».	
CITY-ST-ZIP TITLE	MARATHON FL 33050	, DELETE	2, 4 CI		r-ZIP		☐ Change	☐ Addition
NAME			3.1 III					
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CI			the second section of the second		4.
TITLE		☐ DELETE	4.1 TI				☐ Change	Addition
NAME		=====	4. 2 N			.,,		,
STREET ADDRESS					ADDRESS			·
CITY-ST-ZIP			4.4 CF				·	
TITLE		☐ DÉLETÉ	5.1 TIT			· , · m · · · · · · · · · · · · · · · · · 	☐ Change	☐ Addition
NAME			5.2 NA				,	j
STREET ADDRESS			5.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP			5.4 CIT	TY-ST-	-ZIP			
TITLE			0,1 01					
		☐ DELETE	6.1 TIT			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME		☐ DELETE		LE.		, 4 . * 3	☐ Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURÉ: 🚄

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90024 038 ***150.00