FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000063107 (5) **DOCUMENT #**

1. Corporation Name

PLEASURE D	DIVERS, INC.
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SUMMERS JR., CHARNELLE H.

8 LAUDERDALE DRIVE

Maiting Address Principal Place of Business POST OFFICE BOX 3031 100 OCEAN DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 3a. Date of Last Report 3. Date Incorporated or Qualified 03/17/1995 09/07/1993 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0507810 26 \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032, 23 Country Zip Country Yes No Ζip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent

81 Name

82

83

Street Address (P.O. Box Number is Not Acceptable)

SUITE C Zip Code 85 KEY LARGO FL 33037 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of Section 607,0505. Florida Statutes.

SNATURE Signature typest or prostud name of registers :	agreer and the diagram wife (N.C.)	IL: Registered Agent School by his larger	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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ITY-ST-ZiP		resisted and does not or alify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)