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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079356 (0)

SEAFARER FISH AND DIVE RESORT, INC.

## **FILED** Mar 13 1998 8:00am Secretary of State



	···												
Principal Place of Business Mailing Address										*****			
97820 OVERSEAS HWY KEY LARGO FL 33037				PO BOX 185 KEY LARGO FL 33037									
									DO NOT WRITE	IN THIS	SPACE		
									3. Date Incorporated or Qualified 11/17/1993				
	ipal Place of Busin	ness	28.	2a. Mailing Address					4. FEI Number		/	Applied For	┪
21			26	28					65-0449249		1	Not Applicable	╗
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.75	Additional	٦
22			27	27					<ol><li>Certificate of Status Desired</li></ol>		Fee F	Required	-
City & State				City & State					6. Election Campaign Financing		\$5.00	D May Be	٦
23				28					Trust Fund Contribution			to Fees	١
Zip		Country	;	Zip Count				ĺ	8. This corporation owes or has pa	id the curi	ent year li	ntangible	٦
24		29	30					Personal Property Tax due June 30.					
		and Address of Curre	10. Name and Address of New Re	gistered /	igent		$\Box$						
	PIEHLER, HEI					81	Name						-
97820 OVERSEAS HWY						82	Street Ad	ddres	s (P.O. Box Number is Not Acceptab	via)			$\dashv$
KEY LARGO FL 33037							Q., OO, F.	20.00	o (1.5. Box 140/150/16 140/ Nobopiac	,,,,			-
						83						··· · · · · · · · · · · · · · · · · ·	٦
						-					<del></del>	<u>.</u>	4
						84	City			FL	<b>85</b> Zip	Code	1
i Onici	e or redisiered ad	ent of boin in the Stat	e ot Florida	i. Such change was	2 ALITHATIZA	d hu	the caraor	orpora ration	ation submits this statement for the p o's board of directors. I hereby accep		changing cintment a	its registered	1
ager	ıt. I am <b>Iam</b> iliar wi	th, and accept the oblig	gations of, s	Section 607.0505, I	Florida Sta	tutes	i. '		,				1
SIGNATU	JRE	or printed name of registered as											
12.	Signature, typica	OFFICERS AN			13.	d Age	nt signature req	quired v	when reinstating)	DATE	DIDECTO	DO 111 40	4
TITLE	T D	OIT ICENS A	NO DINECT	DELETE	1.1 T	TI C	1		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition	-1
NAME PIEHLER, LUDWIG											Unange	L AUGILION	ŀ
STREET ADDRESS 97820 OVERSEAS HWY				1.2 NAME 1.3 Street address									
	VEV LA	RGO FL 33037											
CITY-ST-ZIF	V			DELETE	1.4 U	TY-ST	- ZIP			-	Change	Addition	4
NAME	PIFH) F	R, GABRIELE		C Octain	2.1 II 2.2 N					1	∐ Change		ı,
	63000 OUTDOEAG LINEN						1						1
VEVIADON EL 00007					1		ADDRESS						1
CITY-ST-ZIP NET LARGO PL 3303/							2. 4 CITY - ST - ZIP 3.1 TITLE				T C	1 1 (440)	4
NAME				C occur							Change	L Addition	
	nece				3.2 N/	-							
STREET ADD							ADDRESS						
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				Dereie	4.1 Ti					l	Change	Addition	1
NAME OTOSST ADDI	ecc.				4. 2 N	_							
STREET ADDE	1						ADORESS						
CITY-ST-ZIP				DELETE	4,4 CI		- ZIP			····	7 0		4
TITLE				☐ DELETE	5.1 Ti					l.	Change	Addition	1
NAME PROFEST ADDRESS					5.2 NAME								
STREET ADDR							ADDRESS						
CITY-ST-ZIP				BELEVE	5.4 CITY - ST - ZIP						-1 o		1
TITLE				☐ DELET <b>E</b>	6.1 T					ι	Change	Addition	
NAME					6.2 NA	ME	ļ						
STREET ADDRESS						6.3 STREET ADDRESS							1
CITY-ST-ZIP					64.00	Y-ST.	. 7IP						1

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 earliess.