

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000024270

1. Corporation Name

SEA FAN DIVERS, INC.

,			
Principal	Place	of	Business

DUCK KEY FL 33050

117 INDIES DRIVE SOUTH

Mailing Address

117 INDIES DRIVE SOUTH DUCK KEY FL 33050

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90150 027 ***150.00



DO NOT	WRITE	IN THIS	SPACE
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3. Date Incorporated or Qualifed

03/25/1994

2. Principal Pl	rincipal Place of Business 2a. Mailing Address			4. FEI Number		App	olied For		
21	26			65-0483888	Not	Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A				
22	es <u>literatur ee.</u>	27	4			Fee Req	quired		
City & State	•	City & State			6. Election Campaign Financing	\$5.00 N			
23		28			Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year		_		
24	25	25 29 30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent			
			81	Name					
GIGLIO, MICHAEL J			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	NDIES DRIVE SOUTH								
DUC	K KEY FL 33050		83						
			84	City		85 Zip C	ode		
				•		-L			
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named corpo	ration submits this statement for the purpose	of changing its r	registered		
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	f Fìorida. Such chande was auth	ionzed by	the corporation	n's board of directors. I hereby accept the ap	pointment as reg	isiereu		
	in laminar with, and accept the congent	, , , , , , , , , , , , , , , , , , ,					Į		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature required					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	GIGLIO, MICHAEL J		1.2 NAME				}		
STREET ADDRESS	117 INDIES DR., SOUTH		1.3 STREET	ADDRESS			ĺ		
CITY-ST-ZIP	DUCK KEY FL 33050		1.4 CITY+S	T-ZIP					
TITLE	S	☐ DELETE	2.1 TITLE			Change	Addition		
NAME	GIGLIO, ELIZABETH C	•	2.2 NAME						
STREET ADDRESS	117 INDIES DR., SOUTH		2.3 STREE	ADDRESS			Ì		
~CITY+ST-ZIP	-DUCK KEY FL-33050	** .3	2. 4 CITY-5	T-ZIP		-			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition		
NAME	•		3.2 NAME						
STREET ADDRESS	,		3.3 STREE	ADDRESS					
CITY-ST-ZIP			3.4. CITY- 9	T-ZIP					
TITLE		☐ DELETE	4,1 TITLE			☐ Change	Addition		
NAME			4. 2 NAME	-			}		
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE	#.A.D. (1977)	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME.			5.2 NAME				ì		
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			. = , =		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME			6.2 NAME	1					
	好想在1950年,2011年		6.3 STREE	TADORESS					
CITY-ST-ZIP	Marine Marine Salaharan Marine Salaharan Marine Salaharan		6.4 CITY-S	T-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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or byn an attachment with an address with all other like empowered.

SIGNATURE: