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 # P9400069967

1. Corporation Name

DIVERS DEPOT CORP.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90102 046 ***150.00



Principal Place of Business Mailing Address							•	
106240 OVERSEAS HWY KEY LARGO FL 33037 US 10 BAYVIEW AVE LAWRENCE NY 11559 US					DO NOT WRITE IN TH	IIS SPACE		
03 00					3. Date incorporated or Qualifed			
					09/21/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
21 Hollday INN MARINA 26					65-0532784	No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional	
MM 100 27					5. Certificate of Status Desired	_Fee Re	equired	
City & State City & State City & State 23 KEY LARGO, FL 28					Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible		
24 3 0 3 7 25 USA 29 30					Personal Property Tax.	☐ Yes	Mo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	d Agent		
			81	Name	•			
DAPUZZO, STEVE				Street Add	treet Address (P.O. Box Number is Not Acceptable)			
199 N FED HWY				·				
DEE	RFIELD BEACH FL 33441		83					
			84	City		. 85 Zip (Code	
			1	1	F	'L		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	orized by	the corporal	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12	
12.	OFFICERS AND	DELETE	13.		PS	Change	Addition	
TITLE	PS							
NAME	LIBAVEN, ROBERT		1.2 NAME		LIBALLER, Robert 3704 N Charles S Bultimore, Md 212			
STREET ADDRESS	199 N FED HWY			FADDRESS	3/04 IN CHANCS	> C		
CITY-ST-ZIP			1.4 CITY-S	1-219	pultimore, Ma ala	Change	☐ Addition	
TITLE	_		2.1 TITLE					
NAME	5/4 5225; 5/2/2 5		2.2 NAME					
STREET ADDRESS	100 111 == 1111			ADDRESS	مميات المراجع المراجع المراجع	- 4.		
CITY-ST-ZIP				ST-ZIP		Change	Addition	
TITLE			3.1 TITLE	}	•			
NAME			3.2 NAME 3.3 STREE	T AODOESO				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	<u> </u>	Change	☐ Addition	
TITLE		_ 0	4. 2 NAME				_	
NAME			ľ	TADDRESS			ľ	
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CiTY-S 5.1 TITLE	1-211		☐ Change	Addition	
TITLE		_ occes	5.2 NAME				_	
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S				l	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME			_ •		
			1	TADDRESS				
STREET ADDRESS			6.4 CITY-S				}	

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.

SIGNATURE: