

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093457 (7)

1. Corporation Name

VOLUSIA MARINE SALVAGE, INC.

Principal Place of Business

4287 ORIOLE AVE
DAYTONA BEACH FL 32127-6647
US

Mailing Address

P.O. BOX 291103
PORT ORANGE FL 32129-1103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

59-3291769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SCHWARTZ, STEVEN G
2300 GLADES RD
SUITE 400 EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SAVIA, PAUL
107 VENETIAN WAY
CITY - ST - ZIP DAYTONA BEACH FL 32127-5711

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SAVIA, DONNA M
107 VENETIAN WAY
CITY - ST - ZIP DAYTONA BEACH FL 32127-5711

TITLE ☐ DELETE

NAME S
STREET ADDRESS SAVIA, FRANK P
18A PARK LANE PL
CITY - ST - ZIP MASSAPEQUA NY 11758

TITLE ☐ DELETE

NAME T
STREET ADDRESS SAVIA, JOANNE M
18A PARK LANE PL
CITY - ST - ZIP MASSAPEQUA NY 11758

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Savia, Paul address only

1.3 STREET ADDRESS 4287 Oriole Ave

1.4 CITY - ST - ZIP Daytona Beach, FL 32127-6647

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Vice President address only

2.3 STREET ADDRESS Savia, Donna M.

2.4 CITY - ST - ZIP 4287 Oriole Ave.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Daytona Beach, FL 32127-6647

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 on an attachment with an address.

SIGNATURE:

[Signature]

3/31/98

1904) 767-1508

CR2E034 (10/97)