

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000000829 (8)**

1. Corporation Name  
**WRECK DIVER VENTURES OF KEY LARGO, INC.**



Principal Place of Business <b>219 SOUTH OCEAN SHORES DRIVE KEY LARGO FL 33037</b>	Mailing Address <b>219 SOUTH OCEAN SHORES DRIVE KEY LARGO FL 33037</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/04/1995</b>	
4. FEI Number <b>65-0545052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>303 Buttonwood Cir</b> Suite, Apt. #, etc. 22 City & State 23 <b>Key Largo Florida</b> Zip Country 24 <b>33037</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. Box 401</b> Suite, Apt. #, etc. 27 City & State 28 <b>Key Largo FL</b> Zip Country 29 <b>33037</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>WINGATE, JEFFERY A 219 SOUTH OCEAN SHORES DRIVE KEY LARGO FL 33037</b>		10. Name and Address of New Registered Agent 81 Name <b>Jeffrey A. Wingate</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>303 Buttonwood Cir</b> 83 84 City <b>Key Largo</b> FL 85 Zip Code <b>33037</b>	
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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 **Jeffrey A. Wingate** **4/28/98**  
Signature of the registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINGATE, JEFFERY A 219 SOUTH OCEAN SHORES DRIVE KEY LARGO FL 33037</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P Jeffrey A. Wingate 303 Buttonwood Circle Key Largo FL 33037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jeffrey A. Wingate** **4-20-98** **305 451-3900**

CR2E034 (10/97)