

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060318 (9)

1. Corporation Name

REMLC DIVERS, INC.



Principal Place of Business

Mailing Address

**4032 48TH AVE., SOUTH
ST. PETERSBURG FL 33711**

**4032 48TH AVE., SOUTH
ST. PETERSBURG FL 33711**

3. Date Incorporated or Qualified **08/01/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3328385		Applied For Not Applicable	
21. Suite, Apt #, etc		26. Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, HARVEY A
800 SECOND AVE. SOUTH, SUITE 380
ST. PETERSBURG FL 33701**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLEFSEN, CLAYTON H	12 NAME	
STREET ADDRESS	4032 48TH AVE., SOUTH	13 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLEFSEN, LESLIE S	22 NAME	
STREET ADDRESS	4032 48TH AVE., SOUTH	23 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLEFSEN, MARK E	32 NAME	
STREET ADDRESS	4032 48TH AVE., SOUTH	33 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLEFSEN, ROBYN	42 NAME	
STREET ADDRESS	4032 48TH AVE., SOUTH	43 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLEFSEN, ERIN M	52 NAME	
STREET ADDRESS	4032 48TH AVE., SOUTH	53 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Clayton H. Dethlefsen* **CLAYTON H. DETHLEFSEN, 7/30/96 865-0330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)