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

PROFIT CORPORATION ANNUAL REPORT 1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000080959 (6)

DIVE CHARTERS INTERNATIONAL, INC.

ļ.,,							
Principal Place of Business Mailing Address						(814) 884/8 1819) 81/18 (81) (88)	
	OMA BOULEVARD	C/O CAROL B. HAIGH	IT. P.A.				
BOYNTON BEACH FL 33435		370 W. CAMINO GARDENS BLVD #300 BOCA RATON FL 33432			DO NOT WRITE IN THIS SPACE		
		DOOR HATCH TE SON	JE		3. Date Incorporated or Qualified		
					10/16/1995		
2. Principal Place of Business		2e. Mailing Address			4. FEI Number	Applied For	
21		26			65-0126565	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		U. Commodit of Charles Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees		
24	· · · · · · · · · · · · · · · · · · ·	—————————————————————————————————————		гу	8. This corporation owes or has paid the current year Intangible		
24 25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Ves No 10. Name and Address of New Registered Agent			
CA	ND, L.D.		8	1 Name	IV. Italia and Madicas of Mar Hogiston	ou Agont	
			_				
700 CASA LOMA BLVD. SUITE 300			8	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33435			8	3			
BOTH ON BEACH PE 33433							
			8	4 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stal	tutes, the abo	ve-named cor			
office or r agent, Fa	registered agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such chan ge wa eations of Section 607.0505	is authorized b Florida Statuti	by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE		g a, 444444, 2411 4444 (. 13/134 010101				
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Age					rired when reinstating) DATE		
12.	,	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	V, 200	☐ DELETE	1.1 TITLE			Change Addition	
NAME	MCCLARY, SCOTT W		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS		li	
CITY-ST-ZIP			1.4 CiTY-				
TITLE	S AMOCHARY LYMBIA	☐ DELETE	2.1 THILE	ŀ		Change Addition	
NAME	MCCLARY, LYNN S	DD	2.2 NAME				
STREET ADDRESS	700 CASA LOMA BOULEVAL			T ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CITY	-ST-ZIP			
	· · · -	L. J DELETE	3.1 THILE			☐ Change ☐ Addition	
NAME PERFET ADDRESS	SAND, L.D.	DD	3.2 NAME			į	
				1 ADDRESS			
CITY-ST-ZIP TITLE			3.4. CITY	- S1 - ZIP		Character (1999)	
NAME		FT DEFEIG	4.1 TITLE	_		☐ Change ☐ Addition	
STREET ADDRESS			4. 2 NAMI				
				T ADDRESS			
CITY+ST-ZIP		DELETE	44 CłTY-	SI-ZIP		Change Addition	

6.4 CITY - ST- ZIP 14. I hereby certify that the information supplied with this thing 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 attraction with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Addition

FILED

May 19 1998 8:00am

Secretary of State