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 # **P96000029045**1. Corporation Name

HISTORIC SHIPWRECK EXPEDITIONS, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90178 035 ***158.75



Principal Place	e of Business	М	lailing Address				I (Batifallt sin inite dits) aust anter batet	APITA ISBIA 18111 GE	///	,11
1900 S. OCEAN BLVD			1900 S. OCEAN BLVD APT 12K							
APT 12K POMPANO BEACH FL 33062			POMPANO BEACH FL 33062				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 03/28/1996	· <u>·</u>		
2. Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number	TT	Applied For	\neg
21	•	26	_				65-0772828		Not Applicable	le
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22			27				_aCerticale of Status Desired		Required	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24				30			Personal Property Tax.	☐ Yes	No	
Name and Address of Current Registered Agent					ļ		10. Name and Address of New Register	ered Agent		
LEVE	MANOH INTIN				81	Name				
LEVENTHAL, HOWARD 1900 S. OCEAN BLVD			*.	82			ess (P.O. Box Number is Not Acceptable)			\neg
APT 12K			*		83					\dashv
POMPANO BEACH FL 33062										
					84	City			ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505. Florida					by:	the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing appointment as	its registered registered	
SIGNATURE	·									
	Signature, typed or printed name of registered agent				Agent	t signature required			TODO IN 10	⊣ :
12.	OFFICERS AND	DIRE	ECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC		
TITLE	PSD		□ Derere	1.1 TI					,	
NAME LEVENTHAL, HOWARD STREET ADDRESS 1900 S. OCEAN BLVD., APT 12K				1.2 N		***************************************				1
DOMESTIC DESCRIPTIONS						ADDRESS) :
CITY-ST-ZIP TITLE	POMPANO BEACH PE 33002		☐ DELETE	2.1 T	TY-ST	1-2117		Chang	ge Additi	ion (
NAME			_ ====::	2.2 N			•		_	
STREET ADDRESS	•				_	ADDRESS				- {
CITY-ST-ZIP	and the second s	سيم	سينا جحصين سيسانيه سويد			T-ZIP	للهيدة مطالبي أأرار أرارا أرا ميستندمة التهاري ويسييان والهيدا التكافأ النها فيتعارفون والم			
TITLE			☐ DELETE	3.1 T	ΠE			Chang	e	ion
NAME	•			3.2 N	AME					
STREET ADDRESS				3.3 ST	TREET	ADDRESS				- {
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP				ᆜ.
TITLE			☐ DELETE	4.1 Ti	TLE			☐ Chang	ge 🗌 Additi	ion
NAME				4.2 N	AME					
STREET ADDRESS				4.3 ST	TREET	ADDRESS				- 1
CITY-ST-ZIP					TY- \$1	T-ZIP			A D Addis	
TITLÉ	•		☐ DELETE	5.1 Tr				☐ Chang	ge 🗌 Additi	IOU
NAME				5.2 N/		. ADDDESS				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	6.1 TI	TY-ST	1-41		Chang	ie 🗀 Additi	ion i
TITLE			□ bereie	6.2 N				snan		· ,
NAME CTREET ADDRESS				B		ADDRESS				
STREET ADDRESS CITY-ST-ZIP					TY-\$1					- { }
UIII-JINZIP (1				

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, on on an attachment with an address, with all other like empowered.