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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POLONO SLO 384

SHIPWRECK ADVANTURES ECRUBES, INC.

Mailing Address

Larra Cress D 97 HAY 15 PM 2: 56

SECRETARY OF STATE TALLAHASSEE FLORIDA

st, privers burb	4126 STAGRU	M COURT		
FORDO	TRILAMASSAE, FLOREDO 32317		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21 St. Petersburg	26 41 26 STAG R	un Coupt		Not Applicable
Surte. Apt. #. etč 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 SY, PSYGENOR G FF-10000	City & State 28 TOHANASSA	2 Prolan	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32 Cbuntry 25 USA	29 323/1-4/60	30 USA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
9. Name and Address of Cur	f Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPS A. PREFIGHERUG CALLE SERG RUN COURT TALLAHASSFECTORDA 32311-4160		81 Name		
		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
				FL
Pursuarit to the provisions of Sections 607. office or registered agent, or both, in the Stagent ir am familiar with, and accept the of SIGNATURE SIGNATURE	ate of Florida. Such change was all lightions of, Section 607,0505, Flor	uthorized by the corporation	on's board of directors. I hereby accept	the appointment as registered
,	ANT DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
Tild O	DELETE	1.1 TITLE		Change Addition
HAME THOMAS A. PRACE	WHANC	1.2 NAME		
STREET PROBESS 4/26 STRC PONCE	part	1.3 STREET ADDRESS		
CITY SI 7" TOMAHASSE /1701	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	980882	L88239 T. S.
TOTALE NAME	La biccit	2.1 IIILE 2.2 NAME	-05/22/	
STREET ADDRESS		2.3 STREET ADDRESS	米米米1 日	5.00 ****165.00
CITY St. 7.5		2 4 CITY-ST-ZIP		
HT.F	DELETE	3 1 TITLE		Change Addition
МАМ		3 2 NAME		
\$19631,4006655		3.3 STREET ADDRESS		
REF	DELETE.	3.4. C(TY~ST~ZIP 4.1 TITLE		Change Addition
NAME:	La terrenta	4.2 NAME		terral or concept to the second or the second of the secon
STREET ACHORECTS		4.3 STREET ADDRESS		
CLA St. X+		4 4 CITY-ST-ZIP		
Tr.1	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
SMITEL ADDRESS		5 3 STREET ADDRESS		
nt.F	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAM	L. occur	62 NAME		الماليون البياء مهرست سيه
SHRT Addes		6.3 STREET ADDRESS		
City 51 Ze -		6 4 CITY-ST-ZIP		
14. I do hereby certify that the information supp	blied with this filing does not qualify		in Section 119.07(3)(i), Florida Statutes	. I further certify that the

an increase centry and the information supplied with this limits does not quality to the exemption stated in section 1.19.07(5)(f), Fronta statutes, I further certify that the same legal effect as if made under oath, that an 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 and that my name are considered by Chapter 607. appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OFFICER OR DIRECTOR