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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B#Morthafh

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600043956 (7)

GOLD COAST TREASURE DIVERS, INC.

Principal Place of Business Mailing Address -1007-SE TITH AVENUE 4907-SE 13TH AVENUE DEERFIELD BEACH FL 33441-7141 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1996 2a. Mailing Address Principal Place of Business Applied For C-0683258 1307 SE 14 AVE 1307 SE 18 AUS Not Applicable Suite, Apl. #, elc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City 8 6. Election Campaign Financing \$5,00 May Be Added to Fees 23 Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes Name and Address of Current Registered 10. Name and Address of New Registered Agent Name DECLAIRE, GEORGE F. 798 S. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 BOCA RATON FL 33431 City 84 Zip Code 85 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 again and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change 11 TITLE TITLE nssideni 1.2 NAME NAM: 52.14AVS 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - \$1 - ZIP Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY- \$1-2IF Addition Change 3.1 TITLE TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS CITY-SI-7IF 3.4. CITY-ST-ZIP ■ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7P 4.4 CITY-ST-ZIP DELETE Change ■ Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. I do 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:  $\succeq$ 

STREET ADDRESS

CITY - \$1 - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 725 0389

**FILED** 

May 30 1997 8:00am

Secretary of State