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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044901 (2)

DIVE BIMINI, INC.

Principa:	Place of Business	

Mailing Address

FILED Apr 04 1997 8:00am Secretary of State

1100 LEE WAGENER BLVD. STE 102 FORT LAUDERDALE FL 33315		1100 LEE WAGENER BLVD. FORT LAUDERDALE FL 333			
				Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address	**************************************	4. FEI Number	Applied For
21		26 300 Sevilla	Avenue	65-0683521	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc. 27 Suite 305		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State 28 CORAL GAB	les FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29 33134	30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
JOH	nson, keith h esq.		81 Name	Robert L. Feldman, Es	guire
8810) Goodby's executive drie	E STE A		ess (P.O. Box Number is Not Acceptab	
JAC	KSONVILLE FL 32217			300 Sevilla Avenue	
			63	C-11- 20E	
			84 City	Suite 305	85 Zip Code
			1 - 1 - 19	Coral Gables,	FL 33134
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	- 1664	and an automite this statement for the a	least all all and all and all and all and all all all all all all all all all al
agent Lar	egistered agent, or both, in the Sta in familiar with, and accept the obli	ite of Monda. Such change was a look on Section 607.0505, Flo	rida Statutes.	ion's board of directors. I hereby accep	it tile appointment as registered
SIGNATURE	defeat to tel		CRT L. FEL	DMAN	3/18/97
SIGNATORE	operure. Typed or printed had a diregistered i	agent and little of applicable (NOTE	: Registered Agent signature requir		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	C
TITLE		☐ DÉLÉTE	1.1 TITLE P	/D	Change 🔀 Addition 👌
NAME			1.2 NAME BZ	AXTER, RONALD	ļ
STREET ADDRESS					#102
CITY - ST- ZIP			1.4 CITY-ST-ZIP FC	100 Lee Wagener Blve. ort Lauderdale, FL 3	
THLE		☐ DELETE		/T/S/D	Change Addition
NAME			2.2 NAME BI	RMINGHAM, J. DEAN	
STREET ADDRESS			2.3 STREET ADDRESS 11	100 Lee Magener Blvd. ort Lauderdale, FL 3	, #102
CITY - ST - 70°				ort Lauderdale, FL 3	
TILF		[] DELETE	3.1 10 LE		☐ Change ☐ Addition
NAME:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITEE		DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crty - ST - 24P			4.4 CITY-ST-ZIP		
TITLE		[_] DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S* - 719			5.4 CITY - ST - ZIP		
THLE		☐ D€L€TE	6.1 TITLE		Change Addition
NAMí .	The state of the second of Andrews.	也是这种人。这些 你的是这个人的 。	SAMME LANGE HER	建筑是是是是一个	· 大学 · · · · · · · · · · · · · · · · · ·
STREET ADORESS			Man Safet Boyast		
City-St-ZIP		2014年第二十四年第二十四年201	8.4 CITY ST ZIP	"你你我们不	
14 Edo heret	w certify that the information supp	had with this filing does not qualif	v for the exemption stated	d in Section 119 07(3)(i). Florida Statute:	s. I further certify that the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). 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 this comportation or this 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 participation or this remaining the properties of the prope

SIGNATURE:

INATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

J. Dean Birmingham

3/18/97

305-443-0732