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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 06 1997 8:00am

Secretary of State

## DOCUMENT # P96000063681 (6)

CARIBBEAN CONNECTION DIVERS, INC.

Zip   Country   Zip   Solid	Principal Place of Business 111 93RD AVENUE TREASURE ISLAND FL 33706		Mailing Address 111 93RD AVENUE TREASURE ISLAND FL 33706-3321			
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Suite Apt #, etc.    Suite Apt #, etc.   Suite	<del></del>		2a. Mailing Address		/um	
City & Siste  Ci					159-3430808	
City & State  29 20 20 20 20 20 20 20 20 20 20 20 20 20					5. Certificate of Status Desired	,
20					6. Election Campaign Financing	<del></del>
9. Name and Address of Current Registered Agent  GRUBBS, HENRY T  111 90RD AVENUE TREASURE ISLAND FL 33706  11. Pursuant to the provisions of Sections 617-0502 and 607-1508. Floride Statutes the abgree-hammon composition submits this statement for the purpose of charging is registered agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes the abgree-hammon composition submits this statement for the purpose of charging is registered agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes agent. I am familiar with, and accept the obligations of, Section 607-0505, Floride Statutes agent agent are agent	23				· · · · · · · · · · · · · · · · · · ·	
S. Name and Address of Current Registered Agent  GRUBBS, HENRY T  111 93RD AVENUE TREASURE ISLAND FL 33706  82 Street Address (P.O. Rox Number is Not Acceptable)  11. Pursuant to the provisions of Socious 607.0502 and 607.1508. Floride 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 Floride Statutes. the above named corporation submits this statement for the purpose of changing its registered agent. I am finalizativity, and accept the displacement of the purpose of changing its registered agent. The state of Floride State change was authorized by the corporation's board of different in purpose of changing its registered agent. The state of Floride State change was authorized by the corporation's board of different in the purpose of changing its registered agent. The state of Floride State change was authorized by the corporation's board of different in the purpose of changing its registered agent. The state of Floride State changes state of Floride State	h—, t	Country	Ζιp	Country		
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TREASURE ISLAND FL 33706    Barrier   Barrier				244	nes H. (61), ex	
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutos. the above-hanned completion submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutos the above-hanned completion submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutos the above-hanned completion submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the orbigations of, Section 607.0505, Florida Statutos State of Florida Statutos Florida Flor				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
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11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florids Statutes office or registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes of Statutes				84 S/ 1/2 last	Au.	FL 85 Zip Code
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Signature, Spard or printed many of regulateries and participation of process and participation of pr	agent. I am familiar wil	ent, or both, in the state of th, and accept the obligat	or Florida. Such change wa tions of, Section 607.0505,	is aumorized by the corpora Florida Statutes.	tion's board of directors. I hereby accept t	he appointment as registered
12.	SIGNATURE			Stren 1		3-10-94
TITLE						DATE DO AND DIDECTORS IN 13
NAME   STREET ADDRESS   ST-ZP   ST-ST-ZP	TITLE PLACE	deat .	DETETE		ADDITIONS/CHANGES TO OFFICE	
OFF   ST-ZIP	NAME GETA	ed R. Syli	vestor -			
OFF   ST-ZIP	STREET ADDRESS 4518	Floramar T	errace	1.3 STREET ADDRESS		
Title	1 1 4 2 5 3	+ Richey	FL 3463	1.4 CITY - ST - ZIP		
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TITLE         DELETE         5.1 TOLE        Change        Addition           NAME         5.2 NAME	STREET ADDRESS		•	4.3 STREET ADDRESS		
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NAME 6.2 NAME	<del></del>		Dr. Cr			
			L Dettit			Unange Addition
CTREST ANDRESS	STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filling 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 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 of the attachment with an address.