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FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Williamson  
Secretary of  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086696 (7)

1. Corporation Name  
FLORIDA KEYS DIVE CLUB INC.

Principal Place of Business

15-A 12TH AVENUE  
KEY WEST FL 33040

Mailing Address

15-A 12TH AVENUE  
KEY WEST FL 33040



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 481

Suite, Apt. #, etc.

27 City & State

28 KEY WEST, FLORIDA

29 33040

30 ON ROE

3. Date Incorporated or Qualified

10/18/1996

3a. Date of Last Report

4. FEI Number

FIN 65-0726898

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELSTON, GARY  
15-A 12TH AVENUE  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 agent and title if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME / GARY F. ELSTON ☐ DELETE

STREET ADDRESS 15-A 12TH AVE  
CITY- ST- ZIP KEY WEST FL 33040

TITLE NAME / VICE PRESIDENT SHARON ELSTON ☐ DELETE

STREET ADDRESS 15-A 12TH AVE  
CITY- ST- ZIP KEY WEST FL 33040

TITLE NAME / SECRETARY LLOYA ELSTON ☐ DELETE

STREET ADDRESS 4151 N.W. 41ST ST. APT. 107  
CITY- ST- ZIP LAUDERDALE LAKES FL 33319

TITLE NAME / ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME / ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME / ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME / ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0517494

CR2E034 (9/96)