

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

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**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90006 036 \*\*\*300.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000104414**

1. Corporation Name  
**NEPTUNE DIVE, INC.**

Principal Place of Business AVE. BALBOA, BALBOA PLAZA BLVD. 3RD FLOOR APDO. 6-1097 ELDORADO PANAMA OC	Mailing Address AVE. BALBOA, BALBOA FLAZA BLVD. 3RD FLOOR APDO. 6-1097 ELDORADO PANAMA OC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1996	4. FEI Number 98-0165616	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33418	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
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11. Pursuant to the provisions of Sections 607.050(2) 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 agent and title if applicable (NONE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME BARRIA, ILKA	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AVE. BALBOA, BALBOA PLAZA BLVD. 3RD FLOOR	CITY-ST-ZIP ELDORADO PANAMA OC	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME DE TEJEIRA, RIVELA	1.3 STREET ADDRESS	
STREET ADDRESS AVE. BALBOA, BALBOA PLAZA BLVD. 3RD FLOOR	CITY-ST-ZIP ELDORADO PANAMA OC	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME DE PORTILLO, MINERVA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AVE. BALBOA, BALBOA PLAZA BLVD. 3RD FLOOR	CITY-ST-ZIP ELDORADO PANAMA OC	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME JOHNSON, VERNA	2.3 STREET ADDRESS	
STREET ADDRESS AVE. BALBOA, BALBOA PLAZA BLVD. 3RD FLOOR	CITY-ST-ZIP ELDORADO PANAMA OC	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED April 5, 1999 Date Daytime Phone #

CR2E034 (1/98)