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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700061958 (9)

CAPTAIN RON'S DIVE ADVENTURES, INC.

FILED May 08 1998 8:00am Secretary of State



16.30.00

Principal Place	e of Business		N	Mailing Address				
1811 NW 20TH AVE.				1611 NW 20TH AVE				
CRYSTAL RIVER FL 34428				CRYSTAL RIVER FL 34428				DO MOT MIDITE IN THIS SPACE
ł								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address				07/15/1997 4. FEI Number , Applied For
				<u></u>				45-0772524 Not Applicable
Suite, Apt. #, etc.			[20]	Suite, Apt. #, etc.				\$9.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State			1=:	City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip Country			1	Zip Country			1	8. This corporation owes or has paid the current year Intangible
24	25		29	29 30				Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curren	l Regi				,	10. Name and Address of New Registered Agent
LYE	ELL, RONAL	D D				81	Name	
1611 NW 20TH AVE.				82 Street A			Street Ac	Idress (P.O. Box Number is Not Acceptable)
		R FL 34428						,
						83		
						84	City	85 Zip Code
								₽ĻŮ
11. Pursuant i	to the provisi	ons of Sections 607.050	2 and (607.1508, Florida Stat	ules, the a	bov	e-named c	orporation 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. Familiar with, and agreent the obligations of Section 607.0505, Florida Statutes.								
SIGNATURE KO NACA D. MUCH								
	Signature, typed o	or pointed name of redistered agri					eni signature re	quired when reinstating) DATE
12.		OFFICERS AND	DIRL		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELE te		ITLE		Li Change Li Addition
NAME		ONALD D			1.21	IAME	İ	
STREET ADDRESS 1611 NW 20TH AVE.				1.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTA	L RIVER FL 34428		OCUETE.			ST - ZIP	
TITLE				DELETE	21		ļ	Change Addilion
NAME						IAME		
STREET ADDRESS							r address	
CITY-ST-ZIP				☐ DELETE			ST-ZIP	☐ Change ☐ Addition
TITLE				☐ OFFER	31			CT Change CT Vocation
RAME						IAME		
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP				DELETE			ST-ZIP	☐ Change ☐ Addition
TITLE					4.1			Change Addition
ŅAME						NAME	t t	
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP				DELETE	5.1		ST-ZIP	☐ Change ☐ Addition
TITLE				- Deter				
NAME CTOSET ADDRESS						IAME	, ADDDECC	
STREET ADDRESS							F ADDRESS	·
CITY-ST-ZIP TITLE				DELETE	61		ST-ZIP	Change Addition
!						IAME		Li oningo Li recinion
NAME CTOSET ADDRESS							ADDRESS	
STREET ADDRESS							i i	
CITY-ST-ZIP	ertify that the	information supplied wi	ith this	filing does not qualify			ST-ZIP otion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annua	al report or supplementa	l annu	al report is true and a	ccurate ar	nd th	at my signa	ature 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.								