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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700070642

1. Corporation Name

SONDA INTERNATIONAL DIVERS, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90211 005 \*\*\*150.00



Principal Place of Business Mailing Address								
3825 SARASOT SARASOTA FL	A GOLF CLUB BLVD 34240	3825 SARASOTA GOLF CLU SARASOTA FL 34240	NB BFAD					
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		ĺ	ĺ
					08/15/1997			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		plied For	1
		26			00 017 47 20		t Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional	ĺ
22		27				Fee Re		
- City & State		Gity'& State	City & State		6. Election Campaign Financing \$5.00 May Be			
		28			Trust Fund Contribution	Added t	to Fees	l
<sup>Zip</sup>	Country	Zip	Cou	itry	8. This corporation owes the current year Intang			ĺ
24	25		30	<del> </del>	Totalitat Topolity Tax.	Yes	□No	ł
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of New Registered Ag	ent		ŀ
MVE	DC IOHN H			81 Name				ĺ
	RS, JOHN H			82 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
2831 RINGLING BLVD B-107 SARASOTA FL 34237								l
SAR	ASUIA FL 34237		l	83				}
				84 City	FL	85 Zip (	Code	
44.5	4.0-45	OFOO and COT 1500 Florida Statute	o the el	oue named com	paration submits this statement for the purpose of cha	anging its	registered	l
office or r	egistered agent, or both, in the St.	tate of Florida. Such change was audicate of Florida. Such change was audigations of, Section 607.0505, Flor	uthonzed	by the comorati	ion's board of directors. I hereby accept the appointment	ent as re	gistered	
SIGNATURE			<u> </u>		ed when reinstating) DATE			ہ ا
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	DRS IN 12	ê
12.	P	DELETE				7 Change	☐ Addition	=
TITLE	'	<del>-</del>		1				-
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CITY-ST-ZIP			_	Y-ST-ZiP		Change	Addition	2
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NAME .	. Debruio, ii							
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NAME			3.2 NA				i	
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TITLE		☐ DELETE	4.1 111	Æ	L	] Change	Addition	İ
NAME			4.2 N	ME				1
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CITY-ST-ZIP			4.4 C	Y-ST-ZIP	_		<b>-</b>	
TITLE	1		5.1 TI	<b>I</b>		Change	☐ Addition	ĺ
NAME			5.2 NA	ME				{
STREET ADDRESS			5.3 ST	REET ADDRESS			į	
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TI	Æ		Change	Addition	
NAME			6.2 NA	ME				
	Ī			l l				1
STREET ADDRESS			6.3 ST	REET ADDRESS				

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 changed or or an attachment with an address, with all other like empowered.

SIGNATURE:

ILOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR