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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000039272

1. Corporation Name DEEP ADVENTURES INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90059 039 ***150.00



DEL! /	DVERVOILED INC.	ਵ., ,, ,					
Principal Plac	ice of Business	Mailing Address			1 (Santes um (Sint fürtt affit Ann) 421/1 95/	## (1664 raic# 1541))	1414 1101 1401
200 GREENE S		200 GREENE STREET					
KEY WEST FL 33040 KEY WEST FL 33040					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
Í					04/29/1998		1
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 200	_	26 P.O. Box 6	184		65-0761647	Not	Applicable
Suite, Apt		Suite, Apt. #, etc.	<i></i>		_	\$8.75 A	dditlonal
22	,	27			5. Certificate of Status Desired	Fee Re	quired
City & Sta	ale	City & State			- 6Election Campeign Financing	\$5:00-	May Be
23 Kin	1./est = FL	_ 28 Kormest F	6	·	Trust Fund Contribution	Added to	> Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible	
24 3304	0 25 USA_	29 33040	30	USA	Personal Property Tax.		No.
	9. Name and Address of Curre	ent Registered Agent		I	10. Name and Address of New Registere	d Agent	
				81 Name			1
	IELDS, THOMAS P			82 Street Addi	rass (P.O. Box Number is Not Acceptable)		
	GREENE STREET			l_l			
KEY	Y WEST FL 33040			83			ì
l				B4 City		. 85 Zip C	ode
1) } *	<u>_</u> <u></u>	L } `` '	-
11. Pursuan office or agent, I	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig	i02 and 607.1508, Florida Statul e of Florida. Such change was a pations of, Section 607.0505, Flo	tes, the a authorized orida Stat	bove-named corp d by the corporati utes.	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the property of the p	of changing its i pointment as reg	egistered istered
SIGNATURE	5	No.		Agent signahire require	d when ministring) DATE		<u></u> - i
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ACCUSE SACREMAN (SCIENCE)	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	C.E.O.	DELETE	1,1 TI	TLE		Change	Addition
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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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: