Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90116 028 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000045430

1. Corporation Name

SUB-AQUATIC ARCHEOLOGICAL SERVICES, INC.

Principal Place	e of Business		Mailing Address			- (1)	18 188  IIB (BIB) (BIII BBII)	intii aniit ea:	!! <b>81881 8</b> !!!! <b>8</b> !388	HIN SOR ISST
3075 FLAGLER	AVF		3075 FLAGLER AVE.							
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						3 Data Iv	corporated or Qualifec		IS SPACE	
						1	•	1		
			2a Maitina Address			05/18 4. FELNU			Δr	xilied For
	lace of Business		2a. Mailing Address		•			1		of Applicable
	FACLERAVE	<del>-</del>	26 3015 FLAGE Suite, Apt. #, etc.	EG WI	E	100.	354x8	<b></b>		A ditional
Suite, Ant.			27 Apr. 23			5. Certifca	ite of Status Desired		Fee Re	
City & State	e		City & State			· F	n Campaign Financing	' <sub>□</sub>	• •	May Be
23 KEY L	2557 , Fr		28 KEYWEST F	<u>-</u>		Trust F	und Contribution		Added	to Fees
Zip	Courtr	у	Zip	Country		1	rporation owes the cu	rrent year		
24 3302	<del></del>	MRDE		30 MO	UROE_		al Property Tax.		Yes	_ _No
	9. Name and Addre	ess of Current I	Registered Agent			10. Name	and Address of New	Registere	a Agent	_
E401	DELLY ODECODY			81	Name					
FARRELLY, GREGORY 506 LOUISA ST.			82	Street Ac di	ress (P.O. Bo)	Number is Not Accep	table)			
	WEST FL 33040			83						
							· · · · · · · · · · · · · · · · · · ·			
				84	City			F	_ 85 Zip	Code
office cr fi agent, Fai	egistered agent, or both	i. in the State of	and 607.1508, Florida Statute Florida. Such change was au ens of, Section 607.0505, Flori	thorized by	the corporati	oration submition's board of d	s this statement for th irectors. I hereby acco	e purpose ept the app	of changing its ointment as re	registered egistered
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CITY-ST-ZIP 14. I hereb / 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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired 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, with a lighter like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRE IS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NG OFFICEI: OR DIRECTOR

APRIL 13:1999

☐ Change

\_\_\_ Addition