

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

DOCUMENT # P98000051615

Corporation Name

ENGLEWOOD DIVERS, INC.

 Principal Place of Business
 570 PURDY ST
 ENGLEWOOD FL 34223

 Mailing Address
 570 PURDY ST
 ENGLEWOOD FL 34223

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90011 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

65-0850499

Applied For

Not Applicable

5. Certificate of Status Desired


**\$8.75 Additional
Fee Required**

 6. Election Campaign Financing
 Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

 8. This corporation owes the current year
 Intangible Personal Property.


9. Name and Address of Current Registered Agent

 SCHULZE, ROBERT T
 570 PURDY ST
 ENGLEWOOD FL 34223

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

I, Pursuant to the provisions of sections 607.0502 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET
LE	ME	REET ADDRESS	Y-ST-ZIP	DELET

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE:

SIGNATURE

Robert T. Schulze

7/3/99

941 475 0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)