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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Secretary of State

05-04-1999 90056 011 ***150.00

☐ Change

☐ Addition

May 04, 1999 8:00 am

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$58862

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

DEEP SEA TECHNOLOGY, INC.

Principal Place of Business Mailing Address MILE MARKER 4.5 MILE MARKER 4.5 KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE US US 3. Date incorporated or Qualifed -06/11/1991 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0334853 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TURBEVILLE, WILLIAM, II 82 Street Address (P.O. Box Number is Not Acceptable) 21 S.E. 5TH STREET **BOCA RATON FL 33432** 83 Zip Code 85 R4 City -11. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE DEANS, WILLIAM K. 1.2 NAME NAME M.M. 4.5, US 1, STOCK ISLAND 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE DEANS, WILLIAM K. 2.2 NAME NAME MM 4.5 US. 1. STOCK ISLAND 2.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 2.4 CITY+ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition - DELETE___ 4.1.TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP

DELETE

ed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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