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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54935

(4)

MARITIME EXPLORATIONS, INC.

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## FILED May 13 1998 8:00am Secretary of State

IV).	MULLIMIC CVI	rtonations, inc.									
Princip	al Place of Busin	ness	Mailing Ad	dress					Q1911 <b>Q13</b> (	Alāli Bļā(i	DIB(  8181  (88)
	oinciana RD. XE FL 34293		971 POIN VENICE F	CIANA RD. L 34293				DO NOT WRITE	N THIS S	PACE	
								3. Date Incorporated or Qualified			
								08/04/1992			
2. Prin	cipal Place of Bu	usiness	2a. Mailing	Address				4. FEI Number			Applied For
21 26							65-0484431			Not Applicable	
Suite, Apt. #, etc. Suite, /		ite, Apt. #, etc.			·- ·-	5. Certificate of Status Desired			5 Additional		
22			27								Required
23 City	& State		City &	State				6. Election Campaign Financing			May Be
Zip		Country	28 Zip		Co	untry		Trust Fund Contribution	_=		ed to Fees
24		26	29		30	<b></b> ,		<ol> <li>This corporation owes or has pail Personal Property Tax due June</li> </ol>	_	ent year ] Yes	Intangible □ No
	9. Nac	me and Address of Curre	1	gent	1901	T-		10. Name and Address of New Rec			
	DIETZ, DAF					81	Name				
	971 POINC					82	Street Ad	dress (P.O. Box Number is Not Acceptable	-		
	VENICE FL						08400 70	Cress (F.O. Dox Number is Not Acceptable			
						83					
						84	City			85 Z	ip Code
							1		FL		•
off ag SIGNA	TURE	s agent, or both, in the Stat ir with, and accept the obli- yped or printed name of registered a		_	_			rporation submits this statement for the pi ation's board of directors. I hereby accep	the appo	ointment	as registered
12.	Signature, ty		ND DIRECTORS	He (NL	13.	eu Age	ni signature rec	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	T P			DELETE		ITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chang	
NAME	DUKE	e, Charles			1.21	AME	ļ				
STREET A		SHAMROCK DR.			1.3 9	TREET	ADDRESS				
CITY-ST-	- ZIP VENK	CE FL			1.40	ITY-S	T-ZIP				
TITLE	VP			DELETE	2.11	ITLE				☐ Chang	je 🗌 Additio
NAME		Z, DARYL			2.21	IAME					
STREET A		POINCIANA RD.			2.3	TREET	ADDRESS				
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STREET A	" <b> </b>						ADDRESS				
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NAME				011111		NAME					, <u></u> ,,,,,,,,,,,,
STREET A	nnerce				T		ADDRESS				
CITY-ST-							ST-ZIP				
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	Doress				5.21	IAME	ADDRESS			[] Chang	
NAME					5.2 ) 5.3 S	IAME				[] Chang	
NAME STREET A				☐ DELETE	5.2 ) 5.3 S	NAME STREET CITY-S				Chang	
NAME STREET AL				☐ DELETE	52) 535 546 6.11	NAME STREET CITY-S					
NAME STREET AI CITY-ST- TITLE	- <u>ZIP</u>			☐ DELETE	5.2 ) 5.3 \$ 5.4 ( 6.1 ] 6.2 (	NAME STREET CITY-S UITLE NAME					

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 on an attrachment with an address.

SIGNATURE:

D-11-1

4-28-98 941-497-673