

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V42831 (0)**

1. Corporation Name
SUNSET HARBOR BOAT RENTALS, INC.



Principal Place of Business	Mailing Address
% KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	% KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

3. Date Incorporated or Qualified 06/10/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0338933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 100 SE 2nd St	26 100 SE 2nd St
22 Suite, Apt. #, etc. 28 Floor	27 Suite, Apt. #, etc. 28 Floor
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131	25 Country US
29 Zip 33131	30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	100 SE 2nd St
83	28 Floor
84 City	Miami
85 Zip Code	FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when removing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	3. STREET ADDRESS	
	<input type="checkbox"/> DELETE	4. CITY - ST - ZIP	
TITLE	NAME	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	23. STREET ADDRESS	
	<input type="checkbox"/> DELETE	24. CITY - ST - ZIP	
TITLE	NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	32. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	33. STREET ADDRESS	
	<input type="checkbox"/> DELETE	34. CITY - ST - ZIP	
TITLE	NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	42. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	43. STREET ADDRESS	
	<input type="checkbox"/> DELETE	44. CITY - ST - ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	52. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	53. STREET ADDRESS	
	<input type="checkbox"/> DELETE	54. CITY - ST - ZIP	
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	62. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	63. STREET ADDRESS	
	<input type="checkbox"/> DELETE	64. CITY - ST - ZIP	

7010 SW 54 St.
Miami, FL 33155

10221 E. BROADVIEW DR
DAY HARBOR, FL 33154

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 in person; 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96 305-824-0250
DATE DAYTIME PHONE #

CR2E034 (12/95)