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

PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000051934 (3)

ADDICTIVE WATER SPORTS, INC.

Principal Place of Business Mailing Address						1 10014001 110 folke offat offat objat ebili	STIBS ENER NUMB	<b>TOTOL</b> LIKE		
8543 MORREI Zephyrhills		6543 MORRELL CT ZEPHYRHILLS FL 33544-3	3 MORRELL CT PHYRHILLS FL 33544-3218							
						3. Date Incorporated or Qualified 06/17/1996	3a. Date of	Last Re	eport	
2. Principal F	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number Applied For Not Applied For			······	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$ <sup>(</sup>		Additional	
22		27	27 City & State			Fee Required				
City & Stat	ιι;	28				6. Election Campaign Financing Trust Fund Contribution		<b>55.00</b> Added t	May Be o Fees	
Zip	p Country Zip		Country			8. This corporation has liability for intengible tax under s. 199.032,				
24	25	29 30			Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	9. Name and Address of Curi	ent Registered Agent		I N	ame	10. Name and Address of New He	istered Agen	л		
	IESLEY, THOMAS A		L							
6543 MORRELL CT ZEPHYRHILLS FL 33544			1	12 St	reet Addre	ss (P.O. Box Number is Not Acceptab	e)			
الماك	TITMINELO I E 00044		ļ.	13						
			ļ.	4 C	tv		85	Zip (	odo.	
					•		FL			
11. Pursuant office or agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 607.1508, Florida Statu ite of Florida. Such change was igations of, Section 607.0505, Fl	tes, the abo authorized orida Statu	ove-na by the les.	med corpo corporatio	ration submits this statement for the pen's board of directors. I hereby accep	urpose of cha t the appointn	nging it: nent as	s registered registered	
SIGNATURE										
12.	Stg. atm., typed or prob.d name of registered	agent and title Tappicable. (NO: ND DIRECTORS	TE: Registered	Agent sig	nature required	s when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DID	ECTOR	S IN 12	
TITLE	PD	DELETE	11 TITL	 F	<u></u>	ADDITIONS/CHANGES TO OFFIC	*****	Change	Addition	
NAME	CHESLEY, THOMAS A		1.2 NAN				<del></del>			
STREET ADDRESS	ARIA MARRELL AT		1.3 STR	EET ADD	RESS					
CITY - \$1 - 7IP	ZEPHYRHILLS FL 33544		1.4 City	'- ST - Z#						
THLE		☐ DELETE	2 1 TITL	E				Change	Addition	
NAME			2.2 NAN	IE						
STREET ADDRESS			1	eet addi	í					
CITY-ST-7IP TITLE		DELETE	2 4 CIT 3.1 TITL	Y - ST - ZI	P			Change	Addition	
NAME			3.1 IIII.				, C	жинус	L Addition	
STREET ADDRESS				EET ADDI	ness					
CITY - S1 - ZIP				Y-ST-ZI	l l					
FILE		☐ DELETE	4.1 TITL					Change	Addition	
NAME			4. 2 NA	νE						
STREET ADDRESS			4.3 STR	EET ADOI	RESS					
CITY - S1 - ZIP		T 551 551		- ST- ZII				<u></u>	7.56	
TITLE		DELETE	5.1 TITL				L	Change	Addition	
NAME			5.2 NAN							
STREET ADDRESS				OCA TE					•	
CITY-ST-ZIP TITLE		DELETE	5.4 CITS 6.1 TITL	'- \$T- ZIF E	<u> </u>		<b>[</b> ]	Change	Addition	
NAME		hand we to to the 2 de	6.2 NAN							
STREET ADDRESS				eet addi	RESS					
CITY CL 310				י ביי אי						

14. I do 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 after a supplemental and address.