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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J22489

(5)

FUNDOARDS YACHTING & WINDSURFING CENTER DIVERSIF
IED, INC. FUNBOARDS WATER SPORTS CENTER

Principal Place of Business
419 NORTHEAST 8TH AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

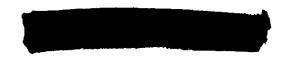
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NC 3/2/3"

419 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

07/07/1986

59-2751194

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🗹 Yes 🔲 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
PR	OTZMANN, HENRY III		81	Name		
419 NE 8TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)		
-500 \$ OCEAN BLUD 400 S.OCEAN BLUD				<u> </u>		
DELRAY BEACH FL 33483				3		
			84	City	85 Zip Code	
					FL S Ny ood	
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 signature required when reinstating) DATE						
12.	OFFICERS AND	·	13.	Jen a grada e requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	PROTZMANN, HENRY II		1.2 NAME			
STREET ADDRESS	419 N.E. 8TH AVENUE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-	ST-ZIP		
TITLE	STD DELETE 2		2.1 T(TL€		Change Addition	
NAME	PROTZMANN, HENRY E		2.2 NAME			
STREET ADDRESS	65 LONSDALE ST		2.3 STREE	I ADDRESS		
CITY-ST-ZIP	WEST WARWICK RI		2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Adultion	
NAME			3.2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-	S1-ZIP	Chase	
TITLE		L'1 DETEIL	4.1 TITLE		L_] Change	
NAME			4 2 NAME			
STREET ADDRESS			· ·	1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	S1-ZIP	Change Addition	
NAME		Directo	5.2 NAME			
STREET ADDRESS				1 ADDRESS	4h (1/7	
CITY-ST-ZIP			5.4 CHTY -	ſ	// ///	
TITLE		☐ DELETE	6.1 TITLE	31-211	80000247903EDange Addition	
NAME			6.2 NAME		-04/06/9801009029	
STREET ADDRESS			6.3 STREE	T ADDRESS	***150,00	
CITY-ST-ZIP			6.4 CITY-1	ST - 71P		
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 attachment with an address.						

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