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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90011 038 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # K06234**

1. Corporation Name

WIND & WATER SPORTS, INC.

CITY-ST-ZIPROWER CONT. GRANDS CONT. 1.

SIGNATURE:

Principal Place	e of Business	Mailing Address				T (BBIOTT BII MOILA OLIVA LIAND LIKU ALAL AL	6)1 01911 01811 01811 0	1011 01911 1001
1400 ESTERO BLVD.		BOX 218						
FT. MYERS BEACH FL 33931		CAPTIVA FL 33924						
US		US		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 12/10/1987		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0017616	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			===6;=Certificate of Status Desired	_\$8.75_	
22		27					Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		intry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Register	ea Agent	
PRIM	AICH, THEODORE F.			"	Name			
15030 N. PEBBLE LANE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MYERS BEACH FL 33912			83				
	MENO BENOM PE 00012			83				
	,			84	City		85 Zip (Code
44 Disease	to the provisions of Continue 607 0502	and 607 1508 Florida Statu	ites the a	bove	-named come	oration submits this statement for the purpose	of changing its	registered
office or r	registered agent or both in the State of	f Florida, Such change was	authonzed	d by t	the eceptestic	on's board of directors. I hereby accept the ap	pointment as rec	gistered
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agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Stat	utes	urie corporatio	7 Piil 41	16/99	
agent. I a SIGNATURE	im familiar with, and accept the obligation $Theodore\ F,\ F$	rimich	orida Stat	he	odos	J. Prinich 41.	16/99	
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	m familiar with, and accept the obligation of the color of the state o	ons of, Section 607.0505, Fi	E: Registered	Agent	odos	d when reinstating) DATE	16/99	
SIGNATURE	Im familiar with, and accept the obligation of the older of the obligation of the ob	ons of, Section 607.0505, FI	E: Registered	Agent	odos	d when reinstating) DATE	/6/99 AND DIRECTO	RS IN 12
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.