

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K85690 (1)

1. Corporation Name
PALM BEACH WATERCRAFT RENTALS, INC.



Principal Place of Business Mailing Address
**C/O FLORENCE BRESSLER
1513 KINGSLEY ROAD
JUPITER FL 33469** **C/O FLORENCE BRESSLER
1513 KINGSLEY ROAD
JUPITER FL 33469**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip 25 Country
24 26 30

3. Date incorporated or Qualified: **05/04/1989**
3a. Date of Last Report: **07/27/1995**
4. FL Number: **65-0124002**
Applied For: Not Applicable
5. Certificate of Status Declared: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BRESSLER, MATTHEW
1513 KINGSLEY ROAD
JUPITER FL 33469**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(3), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(9), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRESSLER, FLORENCE	
STREET ADDRESS	1513 KINGSLEY RD	
CITY, ST, ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMSON, PAUL	
STREET ADDRESS	P.O. BOX 4426 N/A	
CITY, ST, ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this 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 registered or trustee or power of attorney holder in respect as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet.

SIGNATURE: *Florence Bressler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FLORENCE BRESSLER

4/8/96 407-746-0011

CR2E034 (12/95)