

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 # **L93517** (5)

1. Corporation Name

ACTION WATERSPORT RENTALS, INC.



Principal Place of Business

**84457 OLD HIGHWAY
ISLAMORADA FL 33036
US**

Mailing Address

**P.O. BOX 861
ISLAMORADA FL 33036**

3. Date Incorporated or Qualified
08/13/1990

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
65-0212636

Applied For
Not Applicable

Subs. Apt. #, etc.

Subs. Apt. #, etc.

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5. Certificate of Status Desired ☐ **\$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

City & State

City & State

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10. Name and Address of New Registered Agent

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

**CULLEN, RUSSELL H., ESQ.
99228 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

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 607.0400 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of the person submitting this report (must be a resident of Florida)

Signature of Registered Agent (signature required when first listed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE

**D
GIBUS, JAMES DEAN
133 GALLEON RD.
PLANTATION KEY FL
V
O'DONNELL, CAROL
151 ADOBE CASA COURT
TAVERNIER FL**

☐ DELETE

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☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

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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 under oath. 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: **Carol O'Donnell** **CAROL O'DONNELL** **2/6/96** **305 664-8872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)