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

**PROFIT** 

SIGNATURE:

Mar 09 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 L97982 DOCUMENT # (7) JET SKI OF MIAMI INC. Principal Place of Business Mailing Address 2061 NW 27TH AVE 2061 NW 27TH AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1990 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0278649 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ No ☐ Yes Personal Properly Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOONEY, HOWARD F 2061 NW 27TH AVE. 62 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 83 84 City 85 Zip Code 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 agont, 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, typod or printed name of regestered agent and title if upplicable (NC) If Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 1.1 TITLE TITLE MOONEY, HOWARD F. 1.2 NAME NAME 2061 NW 27TH AVE 1.3 STREET ADORESS STREET ADDRESS MIAM! FL CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 DITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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.

FLORIDA DEPARTMENT OF STATE

**FILED**