

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tandra B. Murrain  
Secretary of State  
DIVISION OF CORPORATE AFFAIRS

APPROVED  
AND  
FILED

95 MAY -1 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M42144**

(9)

BEACH BOAT RENTALS, INC.

Principal Office Address  
**2380 COLLINS AVE  
MIAMI BCH FL 33139-1604**

Mailing Address  
**2380 COLLINS AVE  
MIAMI BCH FL 33139-1604**

DATE OF FILING OF THIS REPORT

3. Date of Incorporation or Qualification

11/24/1986

3a. Date of Last Report

04/07/1994

4. FID Number

59-2744373

Approved For

Not Applicable

5. Certificate of Status Fees

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contributions

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for aggregate tax under the Internal  
Revenue Code

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GISPAN, ZACHARIA S.  
2380 COLLINS AVE  
MIAMI BCH FL 33139**

81. Name

82. Street Address (If a Corporation, Not Applicable)

83.

84. City

FL

85. State

11. This corporation is a corporation organized under the laws of the State of Florida. I declare that the information contained herein is true and correct to the best of my knowledge and belief. I declare that the information contained herein is true and correct to the best of my knowledge and belief. I declare that the information contained herein is true and correct to the best of my knowledge and belief.

12. DP  
**GISPAN, MARY  
2380 COLLINS AVE  
MIAMI BCH FL**

13. ADDITIONAL INFORMATION TO FORM DTP AND DTP-1

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

TELEFAX NUMBER

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

TELEFAX NUMBER

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

TELEFAX NUMBER

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not liable for the consequences stated in Section 607.01, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief. I declare that the information contained herein is true and correct to the best of my knowledge and belief. I declare that the information contained herein is true and correct to the best of my knowledge and belief. I declare that the information contained herein is true and correct to the best of my knowledge and belief.

SIGNATURE:

*Zacharia S. Gispán*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95

305/534-4307