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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M42144

(9)

BEACH BOAT RENTALS, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



1 morpar i con	e or Erdonness	Maning Address									
2380 COLLINS MIAMI BCH FL		2380 COLLINS AVE MIAMI BCH FL 33139-1804			1						
						3. Date Inc. 11/24/1		3a. Date of Last Report 04/16/1996			
	lace of Business	2a, Mailing Address				4. FEI Number		1		pplied For	\dashv
21 5240	O COLLINS AVE.	26 2400 COLLINS AVE			<u>_رع</u>	59-2744373			Not Applicable		,
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired				8.75 Additional Fee Required	
City & State 23 A A	i BERCH, FL.	City & State 28 MIAMI BEACH FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
24 33N	10 25 USA		Count	is A		6. This corp Fiorida S	ooration has liability for latutes		tax under s No	s. 199.032,	
	9. Name and Address of Current AN, ZACHARIA S.	Registered Agent				10. Name a	nd Address of New R	egistered /	lgent		
	8	Name	1								
2380	8	2 Street	Addre		lumber is Not Accepta	ble)			7		
MINA	AI BCH FL 33139		8	3	-70	30 CC	ouns ave	-			-
			L			,					_
			8	4 City	wi	Ami F	SEACH	FL	85 79	2004 A	
11. Pursuani t	o the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the abo	ve-named	corpo	ration submits	this statement for the	purpose of	changing i	its registered	-
agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligat	i Florida. Such change was au jons of, Section 607.0505, Flori	inorized i ida Statut	es. Cor	poratio	1	1	pt the appo	ointment as	s registered	
SIGNATURE	Was Disson	nes. MARN (9	15PA	N 17	R25	. 41	20197				
40	Stijnature, typed or virinted name of vigistered agent OFFICERS AND			igent signature	e required	when reinstating)	0.00 (111050 70 055)	DATE	DIRECTO		ے ا
12.	OF IOERS AND	DELETE	13.		1	ADDITION	S/CHANGES TO OFFI	CERS AND	Change	RS IN 12	- 2
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STREET ADDRESS			2.3 STRE	ET ADDRESS							
CITY - ST - ZIP			2. 4 City	-ST-71P	<u> </u>						_
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NAME			3.2 NAM	=							
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NAME			4. 2 NAM						CT Change		
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CITY - ST - 7/P			4.4 CITY								
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NAME			5.2 NAMI	E							
STREET ADDRESS			5.3 STRE	ET ADORESS							
C-TY - ST - ZIP		·····	5.4 CITY	-\$T-ZIP	ļ		····				
TITLE		DELETE	6.1 TITLE						Change	■ Addition	
NAME			6.2 NAM								
STREET ADDRESS			6.3 STRE	ET ADDRESS							
CiTY - ST - ZIP	v certify that the information supplied	with this filian does not as all.	6.4 CITY		1010 -	n Cootice 470	07/2VI\ Ele-id- Occ.	n (£,4)	a a wilf - star -	h th a	4
	ev casoon inacine uncommancii SUDDIRO		THE PARTY		. DELIGIES I		COCCADO ENCORUM MARILITA	as ittirinor	CHITTE IN THE		

14. I do 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 is 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.

SIGNATURE:

SIGNATURE AND TUPED OR PRINT

NG OFFICER OR DIRECTOR

I SPAN FRES.

420 97 305

505-554-73