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**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **M42144** 

BEACH BOAT RENTALS, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90027 015 \*\*\*150.00

Principal Place of Business Mailing Address 2400 COLLINS AVE 2400 COLLINS AVE MIAMI BCH FL 33140 MIAMI FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/24/1986 4. FEI Nu nber 2. Principal Place of Business 2a. Mailing Address Appied For Not Applicable 59-2744373 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Acditional 5. Certificate of Status Desired Fee Required 22 27 City & State City & S ate \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Coun ry Zip 8. This corporation owes the current year Intangible []No 25 29 30 Person al Property Tax. 24 10. Name and Address of New Registere I Agent 9. Name and Address of Current Registered Agent GISPAN, ZACHARIA S. Street Ad tress (P.O. Box Number is Not Acceptable) 82 2400 COLLINS AVE MIAMI BCH FL 33140 83 Zip Cc de 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 607.0505, Ficial Statutes. SIGNATUR E ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ DELETE Change 11 TITLE TITLE GISPAN, ZACHARIA S 1.2 NAME NAME 2400 COLLINS AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33140 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE GISPAN, MARY 22 NAME NAME 2400 COLLINS AVENUE 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 or supplemental a mual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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 apparatress, with all other like empowered.

SIGNATURE:

(11/98 CR2E034