

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

**APPROVED
AND
FILED**

95 APR 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001460587
-04/20/95--01001--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M44089** (4)

1. Corporation Name
HOLLYWOOD WATER SPORTS, INC.

Principal Place of Business Mailing Address

**5800 N. OCEAN DRIVE
HOLLYWOOD FL 33019** **5800 N. OCEAN DRIVE
HOLLYWOOD FL 33019**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 22 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Country |

| | | | |
|----|--|---|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 01/13/1987 | | 06/17/1994 |
| 4. | FEI Number | Applied For | |
| | 65-0002073 | <input type="checkbox"/> Not Applicable | |
| 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. | This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**MORALES, BERT
5800 N. OCEAN DRIVE
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

| | |
|----|--|
| B1 | Name |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | |
| B4 | City |
| B5 | Zip Code |

FL

11. 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 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, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | PD |
| NAME | MORALES, BERT |
| STREET ADDRESS | 5800 N. OCEAN DRIVE |
| CITY - ST - ZIP | HOLLYWOOD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----|-----------------|---|
| 1.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 | NAME | |
| 1.3 | STREET ADDRESS | |
| 1.4 | CITY - ST - ZIP | |
| 2.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 | NAME | |
| 2.3 | STREET ADDRESS | |
| 2.4 | CITY - ST - ZIP | |
| 3.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 | NAME | |
| 3.3 | STREET ADDRESS | |
| 3.4 | CITY - ST - ZIP | |
| 4.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 | NAME | |
| 4.3 | STREET ADDRESS | |
| 4.4 | CITY - ST - ZIP | |
| 5.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 | NAME | |
| 5.3 | STREET ADDRESS | |
| 5.4 | CITY - ST - ZIP | |
| 6.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 | NAME | |
| 6.3 | STREET ADDRESS | |
| 6.4 | CITY - ST - ZIP | |

4/19/95

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 110.07(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; that I am an officer or director of the corporation or the legal 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, upon attachment with an address.

SIGNATURE _____ DATE **4-5-1995**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____