

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

CUMENT # P93000000658

orporation Name

PARADISE PARASAIL & WATER SPORTS, INC.

Principal Place of Business

RAMADA BEACH RESORT  
MIRACLE STRIP PARKWAY  
FT. WALTON BEACH FL 32548

Mailing Address

C/O RAMADA BEACH RESORT  
1500 MIRACLE STRIP PKWY  
FT. WALTON BEACH FL 32548  
US

Principal Place of Business

2a. Mailing Address

te, Apt. #, etc.

26

Suite, Apt. #, etc.

27

& State

28

City & State

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TOLBERT, FRED III  
1500 MIRACLE STRIP PARKWAY  
U.S. HWY 98 EAST  
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1993

4. FEI Number

59-3153988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the undersigned, being duly sworn, certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that the above-named corporation submits this statement for the purpose of changing its registered agent 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

D ☐ DELETE  
TOLBERT, FRED E III  
1500 MIRACLE STRIP PARKWAY  
FT. WALTON BEACH FL

☐ DELETE

☐ DELETE

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☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 stated 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Daytime Phone #

CR2E034 (1/198)