

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

101.25

FILED

97 OCT 29 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

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

1997 **AMENDED**

DOCUMENT # P93000075013

1. Corporation Name

GULFSTREAM WATER SPORTS, INC.

Principal Place of Business

Mailing Address

3514 S. OCEAN DRIVE
HOLLYWOOD, FL 33019

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HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/93	3a. Date of Last Report 05/13/97
4. FEI Number 65-0447061	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 499 E. SHERIDAN ST.

22 City & State

Suite, Apt. #, etc.

27 SUITE 310

City & State

28 DANIA, FLORIDA

23 Zip

Country

29 Zip

Country

24

25

30 33004

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDNEFAULT, JACYNTH
3514 S. OCEAN DRIVE
HOLLYWOOD, FL 33019

81 Name GOULET, COLETTE
82 Street Address (P.O. Box Number is Not Acceptable) 499 E. SHERIDAN STREET
83 SUITE 310
84 City DANIA
85 FL
86 Zip Code 33004

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 COLETTE GOULET, PRESIDENT

Signature typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDNEFAULT, JACYNTH 3514 S. OCEAN DRIVE HOLLYWOOD, FL 33019	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P GOULET, COLETTE 499 E. SHERIDAN ST. SUITE 310 DANIA, FL 33004	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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SC 10-31-97

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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name