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

1	JMENT # P93000 I FUCHS WATER SPORTS, IN	0076488 (4) NC.) 1300/1400; Hib 150/60 Hibh 60/hi 60/hi 60	
Principal Pla	ace of Business	Mailing Address			85
150 AUSTRALIAN AVE. WEST PALM BCH FL 33408 US		1610 LAKE DRIVE DELRAY BEACH FL 33444-3136			
				3. Date Incorporated or Qualified	3a , Date of Last Report 04/30/1996
2. Principal	Place of Business	2a. Mailing Address	······································	10/29/1993 4. FEI Number	Applied For
21		26		65-0448445	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ale	City & State	**************************************	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	g, Name and Address of Curren	ir uedistelen wäelir	81 Name	10. Name and Address of New Re	Alareted Wall
	ENMAN, JAMES B			ress (P.O. Box Number is Not Acceptal	NA)
500 E. BROWARD STE. 1050			52 Street Aud	ress (P.O. Box number is not acceptat	018)
FT. LAUDERDALE FL 33394			63		
1			84 City		FL 85 Zip Code
11. Pursual office o agent.	nt to the provisions of Sections 607.060 ir registered agent, or both, in the State I am familiar with, and accept the oblig	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception	
SIGNATURE	Signature typed or printed name of registered age	ent and litte if applicable (NOT	E. Registered Agent signature requ	pred when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
THUE	D	L. DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME. STREET ADDRES	FUCHS, BRIAN		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	1810 LAKE DRIVE DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP		
THE	D	☐ DELETE	2.1 TiTLE		Change Addition
NAME	FUCHS, CURTIS		22 NAME		·
STREET ADORES	1810 LAKE DRIVE		2.3 STREET ADDRESS		
THILF	DELRAY BEACH FL 33444	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAVE	DECANTIC DICHARD		3.2 NAME		المسلمون تشا مقريد مشا
STREET ADDRES	DESANTIS, RICHARD 1810 LAKE DRIVE		3.3 STREET ADDRESS		1
C(1 y - S1 - Z)F	DELRAY BEACH FL 33444		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OZOSEN ABELIES			4.2 NAME		}
STREET ADDRESS	\$		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		-	5.2 NAME	,	
STREET ADDRES	s		5.3 STREET ADDRESS		
C(TY - ST - Z)P			5.4 CITY-ST-ZIP		
TRUE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRES	S [6.3 STREET ADDRESS		1

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 eath; 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.

6.4 CITY - ST - ZIP

SIGNATURE

Bria July BRIAN Fuch

4-1-97 561-6

FILED

Apr 10 1997 8:00am

Secretary of State

561-243-3718

Daytime Phone I