

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 15 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081183 (4)

1. Corporation Name  
WATERSPORTS PLACE, INC.



Principal Place of Business  
2550 S. BAYSHORE DR.  
SUITE 13  
COCONUT GROVE FL 33133  
US

Mailing Address  
2550 S. BAYSHORE DR.  
SUITE 13  
COCONUT GROVE FL 33133  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1993	3a. Date of Last Report 04/17/1996
4. FEI Number 65-0454736	Applied For <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 type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

SPRECHMAN, STEVEN B ESQ  
18305 BISCAYNE BLVD  
GLENDALE FEDERAL BANK BLDG SUITE 213  
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBEL, MICKEY	1.2 NAME	700002272337--B
STREET ADDRESS	6043 NW 167TH ST SUITE 13	1.3 STREET ADDRESS	-08/20/97--01077--002
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUWIRTH, ILAN	2.2 NAME	
STREET ADDRESS	800 WEST AVE, PH 27	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE \_\_\_\_\_ 08/11/97

CR2E034 (4/97)

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August 9, 1997

Florida Department of State  
Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Watersports Place  
Document # P93000081183 (4)

To Whom it may concern,

I am in receipt of the 1997 Profit Corporation Annual Report Packet and due to extenuating circumstances I am asking that you please waive the \$385.00 late fee.

In the last half of December of 1996, I was hired as an additional accountant for this corporation. On my first day the primary accountant walked off the job leaving me with an enormous mess to clean up, the year to close and no one to train me in doing my job. To say that I was overwhelmed would be an understatement. In the following weeks and months I have discovered many things that were not taken care of and I have done my best to take care of whatever I could.


In January, the owner of the company had to go to Israel as his father had been diagnosed with terminal cancer. He had to return to Israel the next month upon his fathers death. In April I had to take a week from off from work to take care of personal family matters.

During all of this time, and in spite of all other obstacles, the owner of this business, his wife, and myself have been diligently working to straighten out the incredible mess and numerous problems left by the previous accountant. (This includes a lawsuit and an IRS audit, neither of which are resolved at this time).

In all of the confusion, frustration, and hard work, filing the Annual Corporation Report was missed. I did not even realize it was due or what it was as I have not worked with Corporate Reports before and the previous accountant left no instructions regarding it. Upon receiving the second notice I forwarded it to our C.P.A who promptly completed it and informed me that I was late in filing it.

I am enclosing a check for \$165.00 and hope that you will accept this as payment in full. Please take into consideration our extreme circumstances: incomplete records and an unbelievable mess left by the previous accountant, death in the family and other emergencies and waive the \$385.00 penalty as we have not been willfully negligent, but are desperately trying to fight our way out of a very big mess. I understand that I am asking for alot, but please waive the late fee.

Thank you for your time and consideration.

  
Janine Birch  
Accountant