

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

APPROVED AND FILED

1997 APR 14 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA40000089770</b>			
1. Corporation Name <b>PITA FARMS, INC. d/b/a ISLAND STYLE WATER SPORTS</b>			
Principal Place of Business <b>P.O. Box 1392 Key Largo, Fla 33037</b>		Mailing Address <b>P.O. Box 1392 Key Largo, Fla 33037</b>	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>5/94</b>		3a. Date of Last Report <b>1995</b>	
21. State, Apt. #, etc.		26. State, Apt. #, etc.		4. FEI Number <b>65-0499240</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MARIE L. GIRARD 20835 S.W. 248 Street Homestead, Fla 33031</b>				10. Name and Address of New Registered Agent			
81. Name <b>MARIE L. STONER</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>894 Ellen Dr.</b>			
83. City				84. Zip Code <b>FL 33037</b>			

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: **MARIE L. STONER, Vice Pres.** DATE: **4/11/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE <b>President</b>				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2. NAME <b>BRIAN S. STONER</b>				1.2 NAME			
3. STREET ADDRESS <b>894 Ellen Dr.</b>				1.3 STREET ADDRESS			
4. CITY-STATE-ZIP <b>Key Largo, Fla 33037</b>				1.4 CITY-STATE-ZIP			
5. TITLE <b>Vice President</b>				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6. NAME <b>MARIE L. GIRARD</b>				2.2 NAME <b>MARIE L. STONER</b>			
7. STREET ADDRESS <b>20835 S.W. 248 St</b>				2.3 STREET ADDRESS <b>894 Ellen Dr.</b>			
8. CITY-STATE-ZIP <b>Homestead, Fla 33031</b>				2.4 CITY-STATE-ZIP <b>Key Largo, Fla 33037</b>			
9. TITLE				3.1 TITLE			
10. NAME				3.2 NAME			
11. STREET ADDRESS				3.3 STREET ADDRESS			
12. CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
13. TITLE				4.1 TITLE			
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
17. TITLE				5.1 TITLE			
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
21. TITLE				6.1 TITLE			
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. CITY-STATE-ZIP				6.4 CITY-STATE-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: **MARIE L. STONER** DATE: **4/11/97** 305-248-6020

**ISLAND STYLE WATERSPORTS**

P. O. Box 1392  
KEY LARGO FLORIDA. 33037  
U.S.A.

Phone 305-453-4FLY  
Email isstyle@aol.com

April 10, 1997

ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, Fla 32399

RE: PITA FARMS, INC., D/B/A ISLAND STYLE WATERSPORTS

Dear Administrator,

Last year when I filed my annual report I had changed the business mailing address and the Registered Agent. I sent the report in but I apparently did not sign all places required. I received a dissolution notice in September and called the Secretary of State to find out why. I was told my check and report were sent back to me at the old address, which I have never received. The person that I spoke to said to send another check with a new report. I thought I was going to be sent a new report but never received one, maybe I misunderstood her. I called my attorney who in turned called your office and I was sent this form. Enclosed is a check for \$365.00, please waive the reinstatement fee.

Thank you,



MARIE L. STONER, Vice Pres.  
ISLAND STYLE WATERSPORTS