

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000045033 (5)**

1. Corporation Name
WAVE RUNNERS, INC.



Principal Place of Business: **7975 NW 154TH ST STE 400 MIAMI LAKES FL 33016 US**
Mailing Address: **7975 NW 154TH ST STE 400 MIAMI LAKES FL 33016 US**

3. Date Incorporated or Qualified: **06/13/1994** 3a. Date of Last Report: **08/11/1995**
4. FEI Number: **65-0508317** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: City & State
24: Zip, Country

9. Name and Address of Current Registered Agent

**GREENE, MICHAEL S
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **ROBERT BRIELE**
82 Street Address (P.O. Box Number is Not Acceptable): **7975 NW 154th St.**
83 City: **SUITE 400**
84 City: **MIAMI LAKES** 85 Zip Code: **FL 33016**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Robert Briele*

Signature typed or printed name of registered agent, if applicable

8101 Registered Agent signature required (see instructions)

1/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, MICHAEL S	
STREET ADDRESS	% 201 S BISCAYNE BLVD SUITE 900	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTHONY MISARES JR.	
1.3 STREET ADDRESS	7975 NW 154th St. Suite 400	
1.4 CITY - ST - ZIP	MIAMI LAKES, FL 33016	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT BRIELE	
2.3 STREET ADDRESS	7975 NW 154th St Suite 400	
2.4 CITY - ST - ZIP	MIAMI LAKES, FL 33016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Briele*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BRIELE

1/23/96 305-558-2600
Date Daytime Phone #

CR2E034 (12/95)