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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067103 (9)

1. Corporation Name

NAPLES WATERSPORTS, INC.



Principal Place of Business

550 PORT-O-CALL WAY
NAPLES FL 33942

Mailing Address

635 COLDSTREAM CT.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1001 10th AVE.

2a. Mailing Address

26 635 COLDSTREAM CT.

Suite, Apt. #, etc.

22 SOUTH

Suite, Apt. #, etc.

27

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES FLORIDA

Zip

24 34102

Country

25 U.S.A.

Zip

29 34104

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GURGES, DIANA
3400 TAMiami TRAIL NORTH
#202
NAPLES FL 33940

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

65-0520527

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

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DTS ☐ DELETE

NAME RODRIGUEZ, MARGARET
STREET ADDRESS 635 COLDSTREAM CT
CITY - ST - ZIP NAPLES FL

TITLE DP ☐ DELETE

NAME RODRIGUEZ, RENE
STREET ADDRESS 635 COLDSTREAM CT
CITY - ST - ZIP NAPLES FL 33942

TITLE S ☐ DELETE

NAME REGRUT, KAREN
STREET ADDRESS 635 COLDSTREAM CT.
CITY - ST - ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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: *René Rodriguez* RENE RODRIGUEZ

4-23-98 941-435-9595

CR2E034 (10/97)