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**PROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90154 050 \*\*\*150.00

## DOCUMENT # P94000067103 1. Corporation Name

MAR ELO	WATERSPORTS, INC.				A TRANSTORY HAD REAL BOOM ARMY	AND TOUR AREA	Januar <b>a</b> (	BII WBIAD (II) 188)
Principal Flac	e of Business	Mailing Address				<b>18</b> 111 <b>18</b> 111 18111	<b>1811 1830</b> 1 1	
1001 10TH AVE		635 COLDSTREAM CT.						
NAPLES FL 34102 NAPLES FL 34104								
บร		US				RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife	ed		
					09/13/1994			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0520527			No Applicable
Suite, £pt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional
22		27						Re juired
City & State		City & State		6. Electic n Campaign Financin	g $\square$		00 May Be	
23		28	0		Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the co	irrent year Int		™No
24	25		30		Personal Property Tax.  10. Name and Address of New	. Bosistor d	Yes	<u></u> <u>≃N0</u>
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of Nev	Registerio	Agent	<del></del>
GUR	GES, DIANA							
	TAMIAMI TRAIL NORTH		82	Street Ac	Idress (P.O. Bo) Number is Not Acce	otable)		
#202			83					
	LES FL 33940		83					
			84	City		FL	85 Z	ip Code
44 Durant of	to the provisions of Systians 607 050	C and 607 1509. Elected State to	s the above	named or	rporation submits this statement for the		changing	ite registered
II. Puisuziii	registered agent, or both, in the State	cf Florida Such change was 30	s, life above	ha samor	ation's board of directors. I hereby acc	ept the aproi	ntment as	registered
office ( r r	egistered agent, or bottl, ill the state	CI Florida. Oddir dilanga wab 10	monzed by i	me corpora	fillores board of tillectors. Thereby doc			
office ( r r	im familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes.	me corpora	ation's board of threelors. Thereby doc	,		
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office (* r agent. I a SIGNATURE	im familiar with, and a cept the obliga	tions of, Section 607.0505, Flori	ida Statutes. Registered Agent	_	i ired when reinstating)	DATE		
office ⊕r r agent. I a	im familiar with, and a cept the obligation of registered ager of the obligation of	tions of, Section 607.0505, Flori	ida Statutes.	_		DATE		TOFS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or rify that the information indicates on this annual report or supplemental a small 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, with all other like empowered.

SIGNATURE: <a>\_\_\_\_\_</a>

REHE RODRIEUEZ