

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082070 (1)

1. Corporation Name
BEACH SPORTS SURF AND TACKLE, INC.

Principal Place of Business

571 S COLLIER BLVD
MARCO FL 33937

Mailing Address

571 S COLLIER BLVD
MARCO FL 34145-5501

2. Principal Place of Business

21 159 SAXON ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 159 SAXON ST.

Suite, Apl. #, etc.

22

City & State

23 MARCO FL

28 MARCO FL

Zip 34145

Country USA

Zip 34145

Country USA

9. Name and Address of Current Registered Agent

OKEEFE, KATHERINE T
159 SAXON ST
MARCO FL 33937

81 Name

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 607.0505, Florida Statutes.

SIGNATURE *Katherine O'Keefe*

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

(NOTE: Registered Agent signature required when re-registering)

4/25/97

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE P
NAME OKEEFE, KATHERINE T
STREET ADDRESS 159 SAXON ST
CITY-ST-ZIP MARCO FL 33937

1.1 TITLE

DELETE

2.1 TITLE

Change Addition

DELETE

2.2 NAME

DELETE

2.3 STREET ADDRESS

DELETE

2.4 CITY-ST-ZIP

DELETE

3.1 TITLE

DELETE

3.2 NAME

DELETE

3.3 STREET ADDRESS

DELETE

3.4 CITY-ST-ZIP

DELETE

4.1 TITLE

DELETE

4.2 NAME

DELETE

4.3 STREET ADDRESS

DELETE

4.4 CITY-ST-ZIP

DELETE

5.1 TITLE

DELETE

5.2 NAME

DELETE

5.3 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

DELETE

6.1 TITLE

DELETE

6.2 NAME

DELETE

6.3 STREET ADDRESS

DELETE

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.



FILED

May 02 1997 8:00am
Secretary of State

CR2E034 (9/96)