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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002846 (0)

R&B WATER SPORTS, INC.

Mailing Address

FILED May 02 1997 8:00am Secretary of State



3909 OCEAN (PANAMA CITY	view dr. / Beach fl 32408		3909 OCEAN VIEW DR. PANAMA CITY BEACH FL 32408-5310			·	· 1 · _ · · · · · · · · · · · · · · · ·		***************************************	
									ast Report 96	ľ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	05/01/1996 Applied For			For
21		<u></u>	26			59-3285578			Not Apr	
Suite, Apt	#, etc.	Suite. Apt. #, etc.	Suite. Apt. #, etc. 27 City & State 28			S8 75 Add				
22		27				5. Certificate of Status Desired Fee Required				
City & Stat	ie .	h1 "				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
7(p)	Country 25	Zip 29	30 Coun	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
·	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Re	gistered A	gent		
	DOW, RICHARD		1	B1	Name					
3909 OCEAN VIEW DR. PANAMA CITY BEACH FL 32408				32	Street Add	Idress (P.O. Box Number is Not Acceptable)				
			[8	33	1					
			þ	84	City		FL	85	Zip Code	
SIGNATURE	Construct types or perced name of registered OFFICERS A	agent and title if applicable AND DIRECTORS	(NOTE: Registered a	Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIREC	CTORS IN	12
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NAME	KILDOW, RICHARD		1.2 NAA	AE.						
STREET ADDRESS	3909 OCEAN VIEW DR.		1.3 STR	EET	ADDRESS					
011y - 51 - Zdr	PANAMA CITY BEACH FL 3	2408	1.4 CITY	r - S1	IT-ZIP					
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NAME	KILDOW, REBECCA B.		2.2 NAN	Æ						
STREE! ACORESS	3909 OCEAN VIEW DR.		2.3 STR	EET	ADDRESS		4			
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CHY-SI-7IP			6.4 CHT	۷- S	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 angual Toport 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 conforation 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 12 or Block 12 or on an attachment with an adverse.

SIGNATURE:

4-76-97 (904) 233-53/9