

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000006739 (3)**

1. Corporation Name

**WATSON ISLAND BOATING & FISHING TOURIST ASSOCIATION INC.**



Principal Place of Business

Mailing Address

**1040 MCARTHUR CAUSEWAY  
 MIAMI BEACH FL 33132**

**1040 MCARTHUR CAUSEWAY  
 MIAMI BEACH FL 33132**

3. Date Incorporated or Qualified  
**01/23/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, FRANK L  
 1040 MCARTHUR CAUSEWAY  
 MIAMI BEACH FL 33132**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 *Frank L. Smith - D.R. PRESIDENT*

Signature (Typed or printed name of registered agent and title, applicable)

(If Not Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D. PRESIDENT**  DELETE  
 NAME **SMITH, FRANK L**  
 STREET ADDRESS **1040 MCARTHUR CAUSEWAY**  
 CITY-ST-ZIP **MIAMI BEACH FL 33132**

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

TITLE **VP**  DELETE  
 NAME **JOHN J. WATERMAN**  
 STREET ADDRESS **595 SW 107 AVE**  
 CITY-ST-ZIP **MIAMI FL 33174-1516**

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

TITLE **TREAS.**  DELETE  
 NAME **GILBERTO DE AARAS**  
 STREET ADDRESS **244 NW 18 AVE**  
 CITY-ST-ZIP **MIAMI FLA 33125**

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE **SECRET.**  DELETE  
 NAME **MARIBEL SANCHEZ**  
 STREET ADDRESS **1947 S.W. 247611**  
 CITY-ST-ZIP **MIAMI FL 33145**

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank L. Smith* **FRANK L. SMITH** 7/27/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 372 1060

CR2E034 (3/96)