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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortinarii)

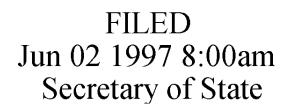
Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500006739 (3)

WATSON ISLAND BOATING & FISHING TOURIST ASSOCIATION INC.

Principal Place of Business
1040 MCARTHUR CAUSEWAY

Mailing Address





1040 MCARTHUR CAUSEWAY MIAMI BEACH FL 33132		1040 MCARTHUR CAUSEV MIAMI BEACH FL 33132	1040 MCARTHUR CAUSEWAY MIAMI BEACH FL 33132					
					3. Date Incorporated or Qualified 01/23/1995	3s. Date of Last 08/07/1996	Report	
21	lace of Business	2s. Mailing Address 26			4. FEI Number 65-075-4690 Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired Section			
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SMITH, FRANK L				Name				
, 1040 MCARTHUR CAUSEWAY MIAMI BEACH FL 33132			82		ddress (P.O. Box Number is Not Acceptable)			
			83	3				
			84	'			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								
				jent signature req	quired when reinstating)	DATE		
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP Smith, Frank L		1.1 TITLE			L Change	Addition	
NAME STREET ADDRESS	1040 MCARTHUR CAUSEWAY	,	1.2 NAME	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		1.4 C/TY-					
TITLE	V	DELETE 211		21-71		Change	Addition	
NAME	WATERMAN, JOHN J	221		1				
STREET ADDRESS	595 SW 107 AVENUE		23 STREE	T ADDRESS	•		ļ	
CHY-ST-ZIP	4 44 4 5 4 5 104		2. 4 CITY	ST-ZIP				
TITLE	T DELETE 3.1		3.1 TIFLE			Change	Addition	
NAMÉ			3.2 NAME				İ	
STREET ADDRESS				REET ADDRESS				
CITY-ST-7iP				3.4. CITY - ST - ZIP		1 1 1 2 2 2		
TITLE NAME			4.1 TITLE 4. 2 NAME	.		Change	L. Addition	
STREET ADDRESS	1947 SW 24TH TERRACE			T ADDRESS				
CITY+ST 2IP	MIAMI FL		4.4 CITY-					
TIME	111W P111 1	☐ DELETE	5.1 TITLE	e: 48		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	1				
STHEET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			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 eath; 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

Mulley Smiles I Have SHAPE OR BIRECTO

04-25-97 (305)371-4107