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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000010025 (1)

1. Corporation Name  
COVE KAYAK CENTER, INC.



Principal Place of Business

4595 S.E. DIXIE HWY  
STUART FL 34997

Mailing Address

4595 S.E. DIXIE HWY  
STUART FL 34997-6826

3. Date Incorporated or Qualified  
02/02/1995

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 400 NE Ocean Blvd.  
Suite, Apt. #, etc.

22

23 Stuart, FL  
Zip 34996 Country Martin

24 34996 25 Martin

2a. Mailing Address

26 400 NE Ocean Blvd  
Suite, Apt. #, etc.

27

28 Stuart, FL  
Zip 34996 Country Martin

29 34996 30 Martin

4. FEI Number

65-0563849

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

DEHART, BERNADETTE  
4595 S.E. DIXIE HWY  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name same

82 Street Address 400 NE Ocean Blvd  
(Box Number is Not Acceptable)

83

84 City Stuart

FL

85 Zip 34996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DEHART, BERNADETTE  
STREET ADDRESS 4595 S.E. DIXIE HWY DRIVE  
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ DELETE  
NAME RUSSELL, RON  
STREET ADDRESS 4595 S.E. DIXIE HWY  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE same ☒ Change ☐ Addition  
1.2 NAME same  
1.3 STREET ADDRESS 400 NE Ocean Blvd  
1.4 CITY-ST-ZIP Stuart FL 34996

2.1 TITLE same ☒ Change ☐ Addition  
2.2 NAME same  
2.3 STREET ADDRESS 400 NE Ocean Blvd  
2.4 CITY-ST-ZIP Stuart FL 34996

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Bernadette DeHart Bernadette DeHart D 4/21/97 (561) 334-0300

CR2E034 (9/96)