

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

Tampa Jetsports Inc.

Principal Place of Business

Mailing Address

5610 N. Armenia Ave.
Tampa, FL 33603

Same

3. Date Incorporated or Qualified

4/1/96

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 5610 N. Armenia Ave.

26 Same

4. FEI Number

59-3363193

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Tampa

28 City & State

City & State

24 FL.

29 City & State

Zip

25 33603

Country

26 Hillsborough

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ray L. Martinez Jr.
5610 N. Armenia Ave.
Tampa, FL 33603

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

Ray L. Martinez Jr. President

(NOTE: Registered Agent signature required when changing)

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Ray L. Martinez Jr.
STREET ADDRESS 5610 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME Vice/President
STREET ADDRESS Patricia T. Martinez
4736 Mitchell Rd
CITY-ST-ZIP Land-O-Lake FL 34639

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME Sec/Treas
STREET ADDRESS June A. Nelson
4736 Mitchell Rd
CITY-ST-ZIP Land-O-Lake, FL 34639

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 1(813) 870-6611

Date

Daytime Phone #

CR2E034 (12/95)