

ANNUAL REPORT
1995



Frank B. Rowland
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR -3 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021311 (3)

1. Corporation Name
FUN RENTALS ON THE WATER, INC.

Principal Place of Business Mailing Address
4818 CORONADO PKWY 4818 CORONADO PKWY
CAPE CORAL FL 33904 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/18/1994
3a. Date of Last Report

4. FEI Number 65-0472381
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BARAJAS, CINDY G
4818 CORONADO PKWY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME BURNS, PETER J III
STREET ADDRESS 577 N YACHTMAN DR
CITY - ST - ZIP SANIBEL FL 33907
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE p/o
1.2 NAME Joseph L. Lanktree
1.3 STREET ADDRESS 1250 Arcola Dr
1.4 CITY - ST - ZIP Ft. Myers, FL 33919
2.1 TITLE T/S/O
2.2 NAME Herschell Roger Coil
2.3 STREET ADDRESS 4818 Coronado Pkwy
2.4 CITY - ST - ZIP Cape Coral, FL 33904
3.1 TITLE
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 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 007, Florida Statutes and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Joseph L. Lanktree 3/27/95 813-542-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Expiration Date