

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. Myrham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000076937

1. Corporation Name

Ron-Don's Watersports, Inc

Principal Place of Business

Mailing Address

**12763 Kingfish Dr
Treasure Island, FL
33706**

2. Principal Place of Business

2a. Mailing Address

21 12763 Kingfish Dr

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 Treasure Island, FL

28

24 33706

29

Zip

Zip

25 Pinellas

30

County

County

9. Name and Address of Current Registered Agent

**Ron Ciovacco
6070 Oakhurst drive
Seminole, FL 33772**

3. Date Incorporated or Qualified

3a. Date of Last Report

10-3-95

Initial

4. FEIN Number

Applied For

59-3338209

Not Applied For

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible taxes under Section 218 of the Florida Statutes

[X] Yes

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. Please print the name and address of the person or persons who have been authorized by the corporation to execute this statement for the purpose of changing the registered agent. If more than one person is authorized, the corporation must file a separate statement for each person.

SIGNATURE

[Signature]

Ron Ciovacco August 5, 96

12. OFFICER, DIRECTOR, OR SHAREHOLDER

NAME

ADDRESS

CITY & STATE

ZIP

NAME

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13. ADDITIONAL CHANGES TO OFFICERS AND SHAREHOLDERS

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CITY & STATE

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14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by this report.

SIGNATURE:

Kirstin E. Ciovacco, pres. Kirstin E. Ciovacco August 5, 96 (813) 363-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**900001916279
-08/08/96--01027--018
***225.00**

8/9/96

CP2E034 (3/95)