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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P95000092592 (1)

ATLANTIC WHITE WATER CHARTERS, INC.

| Principal Place of Business |
|-----------------------------|
|-----------------------------|

Mailing Address

EN BOY HOURS

P.O. BOX 100082

## **FILED** Apr 28 1997 8:00am Secretary of State



| PALM BAY FL S         | 32910-0082   | PALM BAY FL 32910-0062             | PÄLM BÄY FL 32910-0082 |           |            |  |                                |                                |                            |  |
|-----------------------|--|------------------------------------|------------------------|-----------|------------|--|--------------------------------|--------------------------------|----------------------------|--|
| 1                     |  |                                    |                        |           |            | 12/04/1995 04/11   |                                |                                | e of Last Report<br>1/1996 |  |
| 2. Principal Pi       | lace of Business   | 2a. Mailing Address                |                        |           |            | 4. FEI Number  |                                |                                | Applied For                |  |
| 21                    |  | 26                                 |                        |           |            | 59-3348785   |                                |                                | Not Applicable             |  |
| Sulte, Apt.           | #, etc.  | Suite, Apt. #, etc.                | Suite, Apt. #, etc.    |           |            | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                                |                            |  |
| City & State  23  Zip | е  | City & State                       |                        |           |            | Election Campaign Financing     Trust Fund Contribution  |                                | \$5.00 May Be<br>Added to Fees |                            |  |
| Zip<br>24             | Country<br>25  |                                    |                        |           |            | 8. This corporation has liability for intangible tax under €. 199.032, Florida Statutos Yes   Yes   No |                                |                                |                            |  |
|                       | 9. Name and Address of Cu  | rrent Registered Agent             |                        |           |            | 10. Name and Address of New Re   | gistered                       | Agent                          |                            |  |
| KANI                  | E, MICHAEL J   |                                    | 8                      | 81        | Name       |  |                                |                                |                            |  |
| 364                   | HATCHER STREET SE  |                                    | 1                      | 32        | Street Add | Iress (P.O. Box Number is Not Acceptat   | ile)                           |                                |                            |  |
| PALA                  | A BAY FL 32909   |                                    |                        |           | <u></u>    |  | ·                              |                                |                            |  |
| 4.                    |  |                                    | . [8                   | 33        |            |  |                                |                                |                            |  |
|                       |  |                                    | 8                      | 84        | City       |  | FL                             | <b>85</b> Z                    | ip Code                    |  |
| agent. I a            | egistered agent, or both, in the a<br>im familiar with, and accept the o | bligations of, Section 607.0505, F | Florida Statu          | ites      | à.         | tion's board of directors. I hereby acce   | DATE                           | · · ·                          |                            |  |
| 12.                   | OFFICERS   | AND DIRECTORS                      | 13.                    |           |            | ADDITIONS/CHANGES TO OFFIC   | ERS AND                        | DIRECT                         | ORS IN 12                  |  |
| TITLE                 | D  | ☐ DELETE                           | 1,1 1011               | F         |            |  |                                | ☐ Chang                        | ge 🔲 Addition              |  |
| - NAME                | KANE, MICHAEL J  |                                    | . 1.2 NAN              | ИE        |            |  |                                |                                |                            |  |
| STREET ADDRESS        | 364 HATCHER STREET SE  |                                    | 1.3 \$1R               | EEI       | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           |  |                                    | 1.4 CiTY               |           | 1 - 7IP    |  |                                | 1 0                            | I sage                     |  |
| TITLE                 |  | DELETE                             | 2.1 101                |           |            |  |                                | ☐ Chang                        | ge Addition                |  |
| NAME                  |  |                                    | 2 2 NAN                |           |            |  |                                |                                |                            |  |
| STREET ADDRESS        |  |                                    |                        |           | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           |  |                                    |                        |           | ST- ZIP    |  |                                | Chanc                          | ge Addition                |  |
| NAME                  |  |                                    | 3 1 THTL<br>3 2 NAM    |           | ļ          |  |                                |                                | , –                        |  |
| STREET ADDRESS        |  |                                    |                        |           | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           |  |                                    | 3.4. CII               |           |            |  |                                |                                |                            |  |
| TITLE                 |  | DELFTE                             | 4.1 TITE               | Æ         |            |  |                                | Chang                          | ge Addition                |  |
| NAME                  |  |                                    | 4. 2 NA                | ME        |            |  |                                |                                |                            |  |
| STREET ADDRESS        |  |                                    | 4.3 STR                | REET      | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           |  |                                    | 4.4 CIT                |           | i1-ZIP     |  |                                |                                |                            |  |
| TITLE                 | <u> </u>   |                                    |                        | 5.1 TITLE |            |  |                                | Chang                          | ge Addition                |  |
| NAME                  |  |                                    | 5.2 NAM                |           |            |  |                                |                                |                            |  |
| STREET ADDRESS        |  |                                    |                        |           | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           |  | DELFTE                             | 5.4 CH                 |           | -1-21P     |  |                                | Chan                           | oe Addition                |  |
| TITLE                 | 1 2 m m  | DEST-OF                            | 61 111                 |           |            |  |                                | L Undir                        | go 🔲 Muuniteti             |  |
| NAME                  |  |                                    | 6.2 NA                 |           | L ADADO CO |  |                                |                                |                            |  |
| STREET ADDRESS        |  |                                    |                        |           | ADDRESS    |  |                                |                                |                            |  |
| CITY-ST-ZIP           | 1  |                                    | 6.4 CIT                | Y - S     | 51-7IP     |  |                                |                                |                            |  |

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 trusted 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,