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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000016849 (7) ON THE WATER, INC. Principal Place of Business Mailing Address 711 WEST BEACH DRIVE 711 WEST BEACH DRIVE PANAMA CITY FL 32401 PANAMA CITY FL 32401-2319 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SOBANSKI, DENNIS E 711 WEST BEACH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 **B**3 84 City 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 lamit ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Store dure, type dion, moted name of registered agent and toe if applicable (NOTC: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. (96/6)DELETE 1.1 TITLE Change TILLE 1.2 NAME NAME SOBANSKI, DENNIS E 6026 WEST WELLS STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP WAUWATOSA WI 53213 1.4 CITY-ST-ZIP DELETE Change ■ Addition 21 TITLE HILE NAME OTTO, WILLIAM A 2.2 NAME 3035 SOUTH 145TH COURT SCIPPLE LANDRESS 2.3 STREET ADDRESS NEW BERLIN WI 53151 CHY-S1-Zir 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-76 Change Addition DELETE 41 TITLE THEF NAMI 4.2 NAME STREET ADD/GESS 4.3 STREET ADDRESS CHY-St. 70 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THE NAME 5.2 NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZiD 5.4 CITY-ST-ZIP DELETE Change Addition me 6.1 TITLE

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 have 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 13.4 charged, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STEELY ADDRESS

CHANGE AND TYPED OR PRINTED NAME OF PRINTING OFFICER OR DIRECTOR

3-4-97

904-763-4622

**FILED** 

Apr 23 1997 8:00am

Secretary of State