


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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90291 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000002440Z

1. Corporation Name

Sports Aquatiques, Inc.

Principal Place of Business

Mailing Address

13351 0/5 Hwy.  
Marathon, Fl. 33050

P.O. Box 501389  
Marathon, Fl. 33050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <u>13351 0/5 Hwy.</u>	26 <u>P.O. Box 501389</u>	<u>65-0649989</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <u>Marathon, Fl.</u>	28 <u>Marathon, Fl.</u>		
Zip	Zip		
24 <u>33050</u>	29 <u>33050</u>		
Country	Country		
25 <u>monroe</u>	30 <u>monroe</u>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	<u>KayLynne Buckhalter</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>479 90th St. Ocean</u>
83	
84 City	<u>Marathon</u>
85 Zip Code	<u>FL 33050</u>

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 KayLynne Buckhalter KayLynne Buckhalter 4/28/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>President</u>	1.2 NAME	
STREET ADDRESS	<u>Delphin A. Sepulveda</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>479 90th St. Marathon, Fl. 33050</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Vice President</u>	2.2 NAME	
STREET ADDRESS	<u>KayLynne Buckhalter</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>479 90th St. Marathon, Fl. 33050</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Treasurer</u>	3.2 NAME	
STREET ADDRESS	<u>George B. Delgado</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>P.O. Box 501389 Marathon, Fl. 33050</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: KayLynne Buckhalter KayLynne Buckhalter 4/28/99 305-743-6322  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)