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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 03 1998 8:00am Secretary of State

-	MENT # <b>P9600</b> R KEY KAYAKS, INC.	00055502 (4)	İ			HOLOIDA BUH BOID GARADI
Principal Plac	ce of Business	Mailing Address			{	410) OHOL BIIII GOHO 1101 1041
SO9 3RD STREET POST OFFICE BOX 917						
CEDAR KEY FL 32625 CEDAR KEY FL 32625						
					DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		•	07/01/1996 4. FEI Number	Applied For
21	26				59-3387491	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			T	\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & Star	te	City & State	¬ `		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country Zip Country		ry	8. This corporation owes or has paid the c	urrent year Intangible	
24	9. Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registere:	
D/	<del></del>		8	Name	to. Harris and places of the state of the st	
PAKER, FRANK 1389 MAYWOOD AVE			  -	1 0	(50 b) N (1) (1)	
DELTONA FL 32725			8;	Street Addi	ress (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City		loc Zin Codo
			64	City	F	L 85 Zip Code
office or agent. I SIGNATURE	am familiar with, and accept the obli-	gations of, Section 607.0505, Fi	orida Statute	9S.	coration submits this statement for the purpose item's board of directors. I hereby accept the appropriate the purpose item is a second of the purpose item is a second of the purpose item is a second of the purpose item.	
_12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD DELETE		1.1 TITLE	1		Change Addition
NAME	PROBST, CHET R 509 3RD STREET		1.2 NAME			Į;
STREET ADDRESS	CEDAR KEY FL 32625			ET ADDRESS		<b>!</b> !
CITY-ST-ZIP TITLE			1.4 CITY- 2.1 TITLE			Change Addition
NAME	PROBST, KAY S	- Vec. 1	2.2 NAME	Į.		Onlingo
STREET ADDRESS	CAA AND ADDED			ET ADDRESS		
CITY-S1-ZIP	OPPAR MEN EL GARAGE		2. 4 CITY			
TITLE			3.1 TITLE		<u> </u>	☐ Change ☐ Addition
NAME	3		3.2 NAMI	E ,		J
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE	1	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS	1			ET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY		<u> </u>	Change Addition
TITLE			5.1 TITLE	ſ		Change Addition
NAME EXPECT ADDRESS			5.2 NAMI	l.		
STREET ADDRESS	•		•	ET ADDRESS		Į.
CITY-ST-ZIP TITLE			5.4 CITY- 6.1 TITLE			Change Addition
NAME		<u></u>	6.2 NAMI	j		
STREET ADDRESS			9	ET ADDRESS		
CITY-\$1-ZIP			6.4 CITY			Į
	certify that the information supplied	with this filing does not qualify			Section 119.07(3)(i), Florida Statutes. I further	certify that the information

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 informatio 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, or on an attachment with an address.

SIGNATURE: