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

DOCUMENT # **P96000077752** (9)

AQUA SPORTS UNLIMITED FMB, INC.

Principal Place of Business	Mailing Address	
6890 ESTERO BLVD. FT. MYERS BEACH FL 33931	P.O. BOX 32 FT. MYERS BEACH FL 33931-1281	

FILED May 08 1997 8:00am Secretary of State



FT. MYERS BE	ACH FL 33931	FT. MYERS	BEACH FL 3393	31-1281				
						3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report	t
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	Applied	d For
21		26						płicable
Suite, Apt	#, etc.		\pt. #, etc.	•		5. Certificate of Status Desired	\$8.75 Additi	
22		27				S. Commonto or Status Desired	Fee Require	ed .
City & Stat	le	City & S	State			6. Election Campaign Financing	\$5.00 May	Be
23	T 6	28				Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip	-	Country	1	8. This corporation has liability for i		.032,
24	25 9. Name and Address of Cur	29		30			Yes No	
DCO.		neur Lealistelen W	Jeni	81	Name	10. Name and Address of New Re	Istered Agent	
	RY, WILLIAM E			"	1 Tarric			
	I-4 MALT DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)	
F1. I	MYERS FL 33907			83	<u> </u>			
				03				
ı				84	City		85 Zip Code	}
44 Distribut	to the pre-delega of Continue CO7.	0500 002 4500	Electric Grant To		l		FL 65 Zip Code	
office or r	registered agent, or both, in the St	שטטע פחס 607.1508, tate of Florida. Such	change was at	s, the abov uthorized b	e-named cor / the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	irpose of changing its regit the appointment as regis	jistered stered
agent La	im familiar with, and accept the ob	oligations of, Section	607.0505, Flor	rida Statute	3.			
SIGNATURE	7.				***************************************			
12.	Stip alone, typical or practical name of registered	AND DIRECTORS	e. (NOTE	Registered Age	ent signature requ	ired when reinstating)	DATE	
THE	P		DELETE	1.1 TITLE	· · · · · ·	ADDITIONS/CHANGES TO OFFIC		Addition
NAME	PERRY, WILLIAM E	'	L. Dettie	1			L Change L	Addillon
	5544-4 MALT DRIVE			1.2 NAME				
STREET ADDRESS	FT. MYERS BEACH FL 3390	17		1.3 STREET				
CITY: ST: ZIP TITLE	V		DELETE	1.4 City - 9	T-ZIP			
	*	(- DETEIE	2.1 TITLE			Change	Addition
NAME	PERRY, LISA E			2.2 NAME				
STREET ADDRESS	5544-4 MALT DRIVE	•		2.3 STREET	ADDRESS			
CITY - ST - ZIF	FT. MYERS BEACH FL 3390			2. 4 CITY -	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TIME		ι	DELETE	3.1 TITLE			Change	Addition
N4ME				3.2 NAME		* *	**	
STREET ADDRESS				3.3 STREET	ADDRESS			
CHY ST ZIP				3.4. CITY-	ST-ZIP			
3JUF		l	DELETE	4.1 TITLE			Change	Addition
NAME				4.2 NAME				
STREE: ADDRESS				4.3 STREET	ADDRESS			
City - S' - ZiP				4.4 CITY-S	T-ZIP			
TITLE		[DELETE	5.1 TITLE			Change	Addition
NAME				52 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CHTY-S1-70P				5.4 CITY-S				
THE			DELETE	6.1 TITLE		······································	Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STAEET	ADDRESS			
City St. 7IP				C.A.DITY C				

14. 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIA OFFICER OR DIRECTOR DATE OF SIGNIA OFFICER OR DIRECTOR