


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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000080462 (0)</b> 1. Corporation Name <b>PARAWEST WATERSPORTS INC.</b>			
Principal Place of Business <b>75 TAMARIND DRIVE BIG COPPITT KEY FL</b>		Mailing Address <b>75 TAMARIND DRIVE BIG COPPITT KEY FL 33040-5644</b>	
2. Principal Place of Business 21 <b>1124 PEARL STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>KEY WEST FL</b> Zip 24 <b>33040</b> Country 25 <b>MONROE</b>		2a. Mailing Address 26 <b>P.O. BOX 4036</b> Suite, Apt. #, etc. 27 City & State 28 <b>KEY WEST FL</b> Zip 29 <b>33041</b> Country 30 <b>MONROE</b>	
9. Name and Address of Current Registered Agent <b>RITSON, BRUCE 1124 PEARL STREET KEY WEST FL 33040</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1622 JOHNSON STREET</b> 83 84 City <b>FL</b> 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <b>BRUCE RITSON</b> <i>Bruce Ritson</i> <b>04/24/97</b> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>CONDON, QUINTEN</b> STREET ADDRESS <b>1124 PEARL STREET</b> CITY-ST-ZIP <b>KEY WEST FL 33040</b> TITLE <b>STD</b> <input type="checkbox"/> DELETE NAME <b>CONDON, DAYNA A</b> STREET ADDRESS <b>1124 PEARL STREET</b> CITY-ST-ZIP <b>KEY WEST FL 33040</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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: <b>QUINTEN CONDON</b> <i>Quinten Condon</i> <b>PRESIDENT</b> <b>04/24/97</b> <b>305/292-5199</b> Signature and typed or printed name of signing officer or director. Date Daytime Phone			



CR2E034 (9/96)

*Handwritten:* KAY 5-1-97