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

PROFIT
CORPORATION
ANNUAL REPORT
1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080462 (0)

PARAWEST WATERSPORTS INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business	Maili	ng Address								
4184 PEARL STREET 1600 SOUTH ST P.O. BOX 4036 KEY WEST FL 33040 US					3. Date Incorporated or Qualified	,				
2. Principal Place of Business	2a. M	lailing Address			09/26/1996 4. FEI Number 65-0696624	Applied For Not Applicable				
Suite, Apt. #, etc.	·	uite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	28	ity & Stato			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country 25	29	·	Cou	ntry	Personal Property Tax due June 30.	Yes No				
9. Name and Address of Current Registered Agent RITSON, BRUCE 1622 JOHNSON STREET KEY WEST FL 33040				81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)					
			ŀ	В4	City	85 Zin 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signatore: typed or printed name of regularised a jent and side	itagalo abte (NOTE	Registered Agent signature	red uired when reinstaling)		DATÉ	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1101.6			Change	Addition
NAME	CONDON, QUINTEN		1.2 NAME				
STREET ADDRESS	1124 PEARL-STREET		1.3 STREET ADDRESS	1500 South	stact		
CHY-ST-ZIP	KEY WEST FL 33040		1.4 CITY+ST+ZIP			_	
TITLE	STD	DELETE	21 TITLE				Addition
NAME	CONDON, DAYNA A		2.2 NAME				
STREET ADDRESS	1 124 PEARL OTREET		2.3 STREET ADDRESS	atuos auzi	MACRE		
CITY-ST-ZIP	KEY WEST FL 33040		2 4 CITY - ST - ZIP				
TITLE	_	☐ DELETE	3 1 1IILE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STHEET AUDRESS				
CFTY - ST - ZIP			3.4. CITY-ST-7(P				
TITLE		DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STRELL ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-7IP			5,4 C(TY - S1 - 7(P				
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	att and the left a		6.4 C(TY+ ST-Z)P				

4. Thereby cortify 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 is upplientental annual report is true and accurate and that my signature shall have the same logal 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 13 if changed, or on an altagraphent with an address.

4/20 KB