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May 12 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 # P96000092614 (2)

1. Corporation Name
WIPEOUT WATERSPORTS INC.

Principal Place of Business

6 ASTER TERRACE
KEY WEST FL 33040

Mailing Address

P.O. BOX 5572
KEY WEST FL 33045-5572



2. Principal Place of Business

21 6000 Peninsula ave.

Suite, Apt. #, etc

22 Peninsula Marina.

City & State

23 Key West, FL

Zip

24 33040

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 5572

Suite, Apt. #, etc

27 P.O. Box 5572

City & State

28 KEY WEST, FL

Zip

29 33045

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

N/A

4. FEI Number

65-070-7358

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WORTHINGTON, CHRISTY
6 ASTER TERRACE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

AS IN SECTION NINE.

82 Street Address (P.O. Box Number is Not Acceptable)

3205 HARRIST AVE

83

84 City

KEY WEST

FL

85

33040

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

Signature, typed name of the officer or director, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-18-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report 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 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 registered agent or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13, as applicable, or in the list of officers and directors with an address.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-97 305-2957476

CP-034 (9/96)