COF ANNI	PROFIT RPORATION JAL REPORT <b>1998</b>	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	Feb 27 199 Secretary	
EMERA Principal Plac	LD COAST WATERSPORT	00095266 (8) rs, INC. Mailing Address 1310 Hwy 98 E.	)		
1310 HWY 98 E. FT. WALTON BEACH FL 32548		FT. WALTON BEACH FL 32548		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		11/21/1996 4. FEI Number	Applied For
21		26 24 13 WI	ndon Ct.	59-3416920	Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	••••••••••••••••••••••••••••••••••••••	City & State 28 Atlanto	4. 6A	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	29 30360	Country	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible
13	D PLEASURE ISLAND 10 HWY, 98 E. . WALTON BEACH FL 33548		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
11. Pursuant office or i agent. La	to the provisions of Sections 607.0 egistured agent, or both, in the Sta m familiar with, and accept the obl	502 and 607, 1508, Florida Statu th of Florida, Such change was ligations of Section 607,0505, F	64 City tes, the above-named co authorized by the corpora torida Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	B5     Zip Code       ise of changing its registered       appointment as registered
SIGNATURE	Stynance when the purity have of the horse	Contract of any distal distance (NS)	tes, the above-named coir authorized by the corpora iorida Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the 2/13/4 wired when reinstating)	FL   ise of changing its registered appointment as registered 90
SIGNATURE 12. TITLE NAME STREET ADDRESS	Standard Med a public Line of rap Inter OFFICE ITS A WAGNER, ROBERT 2413 WINDON COURT	502 and 607, 1508, Florida Statu ite of Florida, Such change was lightens of, Section 607,0505, F Contractelle Engelsatio (NO NED DRECTORS DELETE	tes, the above-named coi authorized by the corpora toricla Statutes. 11: Fingentered Agent signature requi 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpor ation's board of directors. I hereby accept the 2/13/4	FL     Image: Second constraints       second constraints     registered       appointment as registered       98       AND       AND       DIRECTORS       IN
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-21P TITLE NAME	Standard Med of Junio 1 Tares of Ford Inter OFFICE ITS A WAGNER, ROBERT	Decramentel Englication (NO NED DIRECTORS	tes, the above-named coi authorized by the corpora iorida Statutes. II: Fingeneored Agent signature requ 13. 1.1 TITLE 1.2 NAME	rporation submits this statement for the purpo ation's board of directors. I hereby accept the 2/13/4 wired when reinstating)	FL
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME	Standard Med a public Line of rap Inter OFFICE ITS A WAGNER, ROBERT 2413 WINDON COURT	AND DHE CTORS	tes, the above-named coi authorized by the corpora iorical statutes.  IF Fingeneored Agent signature requirements  13.  1.1 TITLE  1.2 NAME  1.3 STAFET ADDRESS  1.4 DITY - ST - ZIP  2.1 TITLE  2.2 NAME	rporation submits this statement for the purpo ation's board of directors. I hereby accept the 2/13/4 wired when reinstating)	FL
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Standard Med a public Line of rap Inter OFFICE ITS A WAGNER, ROBERT 2413 WINDON COURT	AND DHE CTORS	tes, the above-named coi authorized by the corpora- toricla Statutes.  IF Fingentered Agent signature requ- 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DHY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  3.5 TREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.5 TREET ADDRESS  3.5 TR	rporation submits this statement for the purpo ation's board of directors. I hereby accept the 2/13/4 wired when reinstating)	FL
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