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PROFIT CORPORATION ANNUAL REPORT

1997

CHY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

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Mar 06 1997 8:00am

Secretary of State

ne # 0007041

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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OCEAN EXTREME BOAT AND WAVERUNNER RENTALS INC.

Principal Place of Business Mailing Address 350 REDWOOD LANE RADISSON BRIDGE RESORT 999 E CAMINO REAL **BOCA RATON FL 33487-1456 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1996 2. Principal Place of Busines 11 Rad SSON Brid 2a. Mailing Address FEI Numbe Applied For 999 E. Camino Rea 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ralm. DECC 29 Florida Statutes 🔀 Yes 🔲 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WEINRICH, JASON Weinrich 350 REDWOOD LANE O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33487** 83 84 City Raton Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered forth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, florida Statutes Pursuant to the provisions of office or registered agent, or agent. Lam familiar with, and Tres SIGNATURE Registered Agent signa OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. PŠT DELETE Change Addition TOTAL 1 \$ TITLE WEINRICH, JASON NAME 1.2 NAME 350 REDWOOD LANE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 14 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition THEF 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1 DELETE Change Addition 3.1 TITLE LIDE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-S1-2IP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP COV-ST ZIP DELETE Change Addition 6.1 TITLE TIFLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.