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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101723 (0)

OCEAN EXTREME BOAT AND WAVERUNNER RENTALS INC.

Principal Place of Business Mailing Address RADISSON BRIDGE RESORT 999 E. CAMINO REAL 999 E CAMINO REAL BOCA RATON FL 89487 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 12/12/1996 4. FEI Number 2. Principal Place of Business Applied For 65-0714786 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No
10. Name and Address of New Registered Agent Zip Country 25 9. Name and Address of Current Registered Agent WEINRICH, JASON 350 REDWOOD LANE 82 **BOCA RATON FL 33487** AMINO 83 MORA ctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th, in the Plate of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of Softion 807,0505, Florida Statutes. office or registered ag agent. I am familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change Addition TITLE 1.1 TITLE JASON WEINBICH REAL WEINRICH, JASON NAME 1.2 NAME **350 REDWOOD LANE** STREET ADDRESS 1.3 STREET ADDRESS BOCA RATION, FC 33432 BOGA-PATON FL 33487 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HEISTOPHER TROIANO 3.2 NAME NAME E CAMINO REAL STREET ADDRESS 3.3 STREET ADDRESS BOCA RATION, FL 33432 3.4. CITY-ST-ZIP CITY ST ZIP Change TITLE ☐ DELETE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Addition TITLE NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 page attachment with an address.

SIGNATURE:

CITY-ST-ZIP

16JAN97

FILED

May 12 1998 8:00am

Secretary of State