

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000103159 (5)**

1. Corporation Name

PERSONAL WATERCRAFT EDUCATION AND TRAINING, INC.



Principal Place of Business

**2016 LAKE FRANCIS DRIVE
APOPKA FL 32712**

Mailing Address

**2016 LAKE FRANCIS DRIVE
APOPKA FL 32712-2041**

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2016 Lake Francis Dr.
Suite, Apt. #, etc.

26 2016 Lake Francis Dr.
Suite, Apt. #, etc.

4. FEI Number

59-3425037

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

**D'LUGA, MICHAEL R
390 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name **N/A**

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

83

84 City

FL

85 Zip 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director, name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/97
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ANDERSON, PAUL S**
STREET ADDRESS **2016 LAKE FRANCIS DR.**
CITY - ST - ZIP **APOPKA FL 32712**

TITLE **D** ☐ DELETE
NAME **ANDERSON, MELINDA J**
STREET ADDRESS **2016 LAKE FRANCIS DR.**
CITY - ST - ZIP **APOPKA FL 32712**

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 **N/A**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **N/A**

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 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 on an attachment with an address.

SIGNATURE

Paul S. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-97
Date

407-865-3773
Daytime Phone # **00000000**

CR2E034 (9/96)