

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

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000001080 (5)**

1. Corporation Name  
**CLEARWATER PARASAIL, INC.**

Principal Place of Business  
**408 HAMDEN DRIVE  
CLEARWATER BEACH FL 34630**

Mailing Address  
**115 B 15TH AVENUE  
INDIAN ROCKS BEACH FL 33785**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/30/1996**

4. FEI Number  
**59-3423239**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **601 S. Gulfview Blvd**  
Suite, Apt. #, etc.  
22 **CLEARWATER Bch FLORIDA**  
City & State  
23  
Zip **34630** Country  
25 **PINELLAS**  
26  
27  
28  
29  
30

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

City

Zip

Country

Country

Country

Country

Country

Country

Country

Country

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONATSER, CLIFTON  
115-B 15TH AVENUE  
INDIAN ROCKS BEACH FL 33785**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**FL**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRADY, HUGH</b>	
STREET ADDRESS	<b>P.O. BOX 49</b>	
CITY - ST - ZIP	<b>CHASE MILLS NY 13621</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CONATSER, CLIFTON</b>	
STREET ADDRESS	<b>115-B 15TH AVE</b>	
CITY - ST - ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITRAS, KAREN</b>	
STREET ADDRESS	<b>115-B 15TH AVE</b>	
CITY - ST - ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CONATSER, KAREN</b>
3.3 STREET ADDRESS	<b>115-B 15TH AVE</b>
3.4 CITY - ST - ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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: **CLIFTON H CONATSER 3178190 8134444404**

CR2E034 (10/97)