SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

Aug 13 1998 8:00am Secretary of State

	1998	DIVISION OF C	ORPOR	ATIONS	J	or State
1. Corporatio	MENT # P97000 VATER RECREATION, INC.	051798 (1)				
DLUE 11	ATEN REOBERTION, INC.					
Principal Plac	e of Business	Mailing Address			A YORKIDON PIO IDYN FOOR BONN OBNI OBNIN OBNIN OBNIN	itat jinji radia fordt latt sodt
6701 SUNSET DR. 6791 SUNSET DR.						
SUITE 101 SUITE 151 MIAMI FL 33143 MIAMI FL 33145					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					06/11/1997	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address	21422		4. FEI Number	Applied For
21		26 P.O.BOX	717	22	65-075-9840	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	te	City & State		<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23			RdAl	e,FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry .	8. This corporation owes or has paid the curr	
24	25		30 B	ROWARD		Yes 🔀 No
168.60	9, Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered	gent
	TE, RICHARD S			_ Name		
6701 SUNSET DR. SUITE 101				82 Street Addre	reet Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 83143			ł	63		
HIN	W 1 2 00 140		L		<u> </u>	
•	^			84 City	FI.	85 Zip Code
11. Pursuan	t to the provisions of sections 607,0502	2 and 607.1508, Florida Statutes	the abo	ove-named corpor	ation submits this statement for the purpose of chi	Inging its registered
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized	by the corporation	ation submits this statement for the purpose of chon's board of directors. I hereby accept the appoin	tment as registered
SIGNATURE			ioa otak	J165.	7/06	198
	Signature, typed or printed name of registered agen	I and little if applicable (NOT		ed Agent signatura requ		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD White, Richard S	L DELETE	1.1 TITI	1	ι	Change Addition
NAME	P.O. BOX #21422	NIA	1.2 NA			
STREET ADDRESS	FT LAUDERDALE FL 33335	•		EET ADDRESS		
CITY-ST-ZIP	SVD	Decem	2.1 TIT	Y-ST-ZIP		7
NAME	MUSTE CUDIOTIANE M	DELETE	2.2 NA	1	ι	Change
STREET ADDRESS	P.O. BOX #21422	1/A	1	IEET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33335			Y-ST-ZiP		
TITLE		DELETE	3.1 TITI	re		Change Addition
NAME			3.2 NA	ME		. —
STREET ADORESS			3 3 STR	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		<u></u>
TITLE		L DELETE	4.1 TITU		l	Change
NAME			4.2 NA)			ļ
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TITI	Y-ST-ZIP		Channa Addition
NAMÉ		L_J DELETE	5.2 NA	i	ι	Change Addition
STREET ADDRESS				EET ADDRESS		}
CITY-ST-ZIP			E	Y-ST-ZIP		
TITLE		DELETE	6.1 TITL			Change Addition
NAME			6.2 NA	ME J	•	
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP		
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	e exempl	tion stated in sect	ion 119.07(3)(i), Florida Statutes. I further certify the	at the Information

IGNATURE:

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, 9 on an estachment with an address.