


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90153 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000103616</b> 1. Corporation Name <b>WEST COAST PARASAILING, INC.</b>					
Principal Place of Business <b>13509 ANDOVA DR          LARGO FL 33774</b>			Mailing Address <b>13509 ANDOVA DR          LARGO FL 33774</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date incorporated or Qualified <b>12/08/1997</b>			4. FEI Number <b>59-3480561</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 /additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>HOPSTRA, PETER T          8840 SEMINOLE BLVD -          SEMINOLE FL 33772</b>			10. Name and Address of New Registered Agent 81 Name <b>SMITH, GARY M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13509 ANDOVA DR</b> 83 84 City <b>LARGO</b> FL 85 Zip Code <b>33774</b>		
11. Pursuant to the provisions of Sections 607.05(2) 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 <b>Gary M Smith President</b> DATE <b>5-17-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>DP SMITH, GARY M</b> STREET ADDRESS <b>13509 ANDOVA DR</b> CITY-ST-ZIP <b>LARGO FL 33774</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **Gary M Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-99**  
Date Daytime Phone #

CR2E034 (1/98)