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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P 98000018662 V

CNR WAVERUNNER RENTALS, INC.

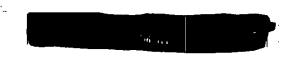
\*. Principal Place of Business

Mailing Address

E220 MDE25\*\*\* ---

May 17, 1999 8:00 am Secretary of State

05-17-1999 90045 027 \*\*\*150.00



2. Principal Place of Business  3. Date Incorporated or Qualifed 2/23/98  4. FEI Number  5. Certificate of Status Desired  Fee Renrist  Celly & State  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  B. This corporation owes the current year lotangable Personal Property Tax.  Personal Property Tax.  Syes  COLLIER, JAMES H. SR.  Street Address (P.O. Box Number is Not Acceptable)	PORT RICHEY, FL 34668 TARPON SPGS, FL 346					TOOO, OD HIGHW		DO NOT WRITE IN THIS SPACE			
Applied   Suite, Apt. #, etc.   So. Certificate of Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Celebration   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Celebration   Status Desired   Status De							_ `	,,,,,	3. Date Incorporated or Qualifed 2/23/98	,	
Suite, Apt. #, etc.	pal Place of Business .	rincipal	2, Pri ∵ı	2. Pi	rincipal Place of Business	2a, Mailing Address			4. FEI Number	7	Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite Address of Status Desired     Suite A						26			59-3499088	I	Not Applicable
23 28 29 Country 21p Country 2 Property Tax. 2x			2	22		Suite, Apt. #, etc.			,	\$8.75	Additional
24 25 29 30 Personal Property Tax. [X/ves []]  9. Name and Address of Current Registered Agent  81 Name  COLLIER, JAMES H. SR.	23			23	,		· · · · · · · · · · · · · · · · · · ·			\$5.00 May Be Added to Fees	
COLLIER, JAMES H. SR. 82 Street Address (P.O. Box Number is Not Acceptable)	25		¬ '	· ¬	25	29 30	ountry	,	1		CINO
COLLIER, JAMES H. SR. 82 Street Address (P.O. Box Number is Not Acceptable)						s of Current Registered Agent	_				
HOLIDAY, FL 34691	1102 FUCHSIA DRIVE				VE	82 83	Street Addre	oss (P.O. Box Number is Not Acceptable)			
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 region.	uant to the provisions of Sections 607 0502	Pursuan	11. Pr	11. F	Pursuant to the provisions of Section	ons 607 0502 and 607 1508. Florida Statutos, the		,	F	1 11 -	4

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of impatered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DP DELETE 1.1 HUE [] Change []] Addition NAME KUROLD, ZVONKO T. 1 2 NAME 90 HIGHLAND AVE. #1406 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE [ | Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZPP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE [\_] Change []] Addition NAME 3 2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE [] DELETE 4 1 TITLE [] Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CHY-ST-ZIP 4.4 CITY-ST-ZIP BOL ( ) DELETE 5 CHRF { }Change Ad-lihon 5 2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.7 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 only, 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 attach highly an address, with all other like empowered.

SIGNATURE: 4

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)