

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000024646**
 1. Corporation Name
DONE RITE WATER SPORTS, INC.

Principal Place of Business: **PALM BEACH COUNTY**
 Mailing Address: **4512 POINSETTIA AVE. SUITE 205 WEST PALM BEACH, FL. 33407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3502207	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARD E. STRAUGHN 4891 SOUTH ATLANTIC AVE. PONCE INLET, FL. 32127		JEFFREY J. RUDOLPH 4906-D POINSETTIA AVE. WEST PALM BEACH FL 33407	

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: **Jeffrey J. Rudolph** **JEFFREY J. RUDOLPH GENERAL MANAGER** **4/15/99**
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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIN K. WRIGHT	1.2 NAME	
STREET ADDRESS	4891 SOUTH ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET, FLORIDA 32127	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT SECRETARY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY JO WRIGHT	2.2 NAME	
STREET ADDRESS	4891 SOUTH ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET, FLORIDA 32127	2.4 CITY-ST-ZIP	
TITLE	SECRETARY VICE-PRESIDENT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3511 1/2 WASHINGTON ROAD	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH, FLORIDA 33405	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARL EDWARD ELDRIDGE III	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Alvin K. Wright** **ALVIN K. WRIGHT, PRESIDENT** **4/15/99** **561-842-7607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (7607)

CR2E034 (1/98)