

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90039 005 ***158.75

DOCUMENT # P98000092553

1. Corporation Name

SEAINNOVATIONS & WATERSPORTS CORPORATION

Principal Place of Business

444 BRICKELL AVE
SUITE 51-246
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE
SUITE 51-246
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

65-0878423

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IBC FIDUCIARY INC.
100 SE 2ND STREET
SUITE 2315-A
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D ☒ DELETE
NAME BEBENROTH, GUNTHER
STREET ADDRESS 444 BRICKELL AVE STE 51-246
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE D - VP ☒ Change ☐ Addition
1.2 NAME Bebenroth, G.
1.3 STREET ADDRESS 444 Brickell Ave., Suite 51-246
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME BRAUNSCHWEIG, P.
2.3 STREET ADDRESS 444 Brickell Ave., Suite 51-246
2.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME BRAUNSCHWEIG, I.
3.3 STREET ADDRESS 444 Brickell Ave., Suite 51-246
3.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME HENLEY, J.
4.3 STREET ADDRESS 444 Brickell Ave., Suite 51-246
4.4 CITY-ST-ZIP Miami, FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE REQUIRED J. Henley

4/27/99

(305) 358-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)