

FILE NOW: FILING FEE AFTER MAY 1998 IS \$45.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

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



FILED

99 DEC -2 PM 3: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PA8000097345

1. Corporation Name

Florida Keys Kayak & Sail

Principal Place of Business

77520 O/S Hwy.
Islamorada, FL 33036

Mailing Address

P.O. Box 1717
Islamorada, FL 33036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 77520 O/S Hwy

22 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Box 1717

27 Suite, Apt #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

November 19, 1998

4. FEI Number

65-0777471

Applied For

Not Applicable

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Yes No

Yes No

9. Name and Address of Current Registered Agent

Donald E. Jones
77520 O/S Hwy
Islamorada, FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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: Lynn Mehring

11/28/99

305 664-4878

CR2E034 (1/98)