

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S07993 (6)**

1. Corporation Name  
**BEACHSIDE WATERSPORTS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**3041 N. ROOSEVELT BLVD.  
C/O HOLIDAY INN BEACHSIDE  
KEY WEST FL 33040  
US**      **P.O. BOX 2582  
KEY WEST FL 33045  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/22/1990**      **04/21/1994**

4. FEI Number      Applied For  
**65-0224065**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DENKER MITCHELL  
4109 STUMP LANE  
KEY WEST FL 33040~~

81. Name **STEVEN F. CLARKE**  
82. Street Address (P.O. Box Number is Not Acceptable) **22746 PRIVATEER DRIVE**  
83.   
84. City **SUMMERLAND KEY** FL 85. Zip Code **33042**

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 *Steven F. Clarke* **STEVEN F. CLARKE** **4/20/95**  
Signature (used 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	<b>P/D</b>
NAME	<b>THOMAS, JOHN W</b>
STREET ADDRESS	<b>#7, 6TH AVENUE CUDJOE GARDENS</b>
CITY - ST - ZIP	<b>SUMMERLAND KEY FL</b>
TITLE	<b>VP/D</b>
NAME	<b>DENKER, MITCHELL</b>
STREET ADDRESS	<b>1109 STUMP LANE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>STD</b>
NAME	<b>CLARKE, STEVEN F</b>
STREET ADDRESS	<b>ROUTE 6, BOX 451-B N/A</b>
CITY - ST - ZIP	<b>SUMMERLAND KEY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J.W. Thomas* **JOHN W. THOMAS**, **4/20/95** **305-894-9934**  
SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR      DATE      Official ID #