

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S07993 (6)

1. Corporation Name

BEACHSIDE WATERSPORTS, INC.



Principal Place of Business

3841 N. ROOSEVELT BLVD.  
C/O HOLIDAY INN BEACHSIDE  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 2582  
KEY WEST FL 33045  
US

3. Date Incorporated or Qualified  
10/22/1990

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0224065

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN F CLARKE  
22746 PRIVATEER DR  
SUMMERLAND KEY FL 33042

81 Name

600001822156

82 Street Address (P.O. Box or Mailing Address)

0541536 01044-015

83

\*\*\*200.00

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 then applicable to:

Signature typed or printed name of registered agent and then applicable to:

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/D  
THOMAS, JOHN W  
#7, 6TH AVENUE CUDJOE GARDENS  
SUMMERLAND KEY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP/D  
DENKER, MITCHELL  
1109 STUMP LANE  
KEY WEST FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
CLARKE, STEVEN F  
ROUTE 6, BOX 451-B N/A  
SUMMERLAND KEY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21051 6TH AVE. CUDJOE GARDENS

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
P.O. Box 999 N/A  
SUMMERFIELD, FL 34492  
ST

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
D  
JOHN ROLLI  
P.O. Box 2582 N/A  
KEY WEST, FL 33045

☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
D  
GEORGE SQUIRES  
P.O. Box 2582 N/A  
KEY WEST, FL 33045

☐ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
D  
SCOTT SAUNDERS  
P.O. Box 1453 N/A  
KEY WEST, FL 33041

☐ Change ☒ Addition

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)(k), 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.

SIGNATURE:

Signature typed or printed name of signing officer or director  
JOHN W. THOMAS

4/23/96 294-5934

CR2E034 (12/95)