

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**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0224065	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent
**STEVEN F CLARKE
22746 PRIVATEER DR
SUMMERLAND KEY FL 33042**

10. Name and Address of New Registered Agent

81. Name	600001822156
82. Street Address (P.O. Box No. or U.S. Mail Acceptance Office No.)	0511536 01044-015
83. Fee	***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 _____ (Typed or printed name of registered agent and date of appointment) DATE _____ (Typed or printed name of registered agent, and date when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	THOMAS, JOHN W	
STREET ADDRESS	#7, 6TH AVENUE CUDJOE GARDENS	
CITY - ST - ZIP	SUMMERLAND KEY FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	DENKER, MITCHELL	
STREET ADDRESS	1109 STUMP LANE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLARKE, STEVEN F	
STREET ADDRESS	ROUTE 6, BOX 451-B N/A	
CITY - ST - ZIP	SUMMERLAND KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	21051 6TH AVE. CUDJOE GARDENS
4. CITY - ST - ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	P.O. Box 999 N/A
4. CITY - ST - ZIP	SUMMERFIELD, FL 34492
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	ST
4. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	D
4. STREET ADDRESS	JOHN ROLLI
4. CITY - ST - ZIP	P.O. Box 2582 N/A
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	D
5. STREET ADDRESS	GEORGE SQUIRES
5. CITY - ST - ZIP	P.O. Box 2582 N/A
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	D
6. STREET ADDRESS	SCOTT SAUNDERS
6. CITY - ST - ZIP	P.O. Box 1453 N/A
6. CITY - ST - ZIP	KEY WEST, FL 33041

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: *John W. Thomas* **JOHN W. THOMAS** 4/23/96 294-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)