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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S07993**
1. Corporation Name
BEACHSIDE WATERSPORTS, INC.

Principal Place of Business Mailing Address
**3541 N. ROOSEVELT BLVD.
C/O HOLIDAY INN BEACHSIDE
KEY WEST, FL 33040
US** **P.O. BOX 2582
KEY WEST, FL
US 33045**

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 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **10/23/1990** 3a. Date of Last Report **April 23, 1996**
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
**STEVEN F. CLARKE
22746 PRIVATEER DRIVE
SUMMERLAND KEY, FL 33042**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/O	<input type="checkbox"/> DELETE
NAME	THOMAS, JOHN W	
STREET ADDRESS	21051 6TH AVE, CUDDOE GARDENS	
CITY-STATE-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	VP/P/O	<input type="checkbox"/> DELETE
NAME	DEUKER, MITCHELL "N/A"	
STREET ADDRESS	P.O. BOX 999	
CITY-STATE-ZIP	SUMMERFIELD, FL 34492	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CLARKE, STEVEN F	
STREET ADDRESS	22746 PRIVATEER DR.	
CITY-STATE-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLLI, JOHN "N/A"	
STREET ADDRESS	P.O. BOX 2582	
CITY-STATE-ZIP	KEY WEST, FL 33045	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SQUIRES, GEORGE "N/A"	
STREET ADDRESS	P.O. BOX 2582	
CITY-STATE-ZIP	KEY WEST, FL 33045	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, SCOTT	
STREET ADDRESS	2027 FLAGLER AVE.	
CITY-STATE-ZIP	KEY WEST, FL 33040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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*****165.00**

(Signature) **5/6/97**

14. I do 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, foregoing, or on an attachment with an address

SIGNATURE: *(Signature)* **4/28/97** **(305)**
Signature and typed or stamped name of signing officer or director Date Daytime Phone # **294-5934**

CR2E034 (9/96)