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Secretary of State

07-07-1999 90012 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S07993

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/22/1990	4. FEI Number 65-0224065	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip Country	29. Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DENKER, MITCHELL 12130 SE 47TH AVE BELLEVIEW, FL 34491 34420		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	34420
		84. City	FL
		85. Zip Code	34420

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, GARY	1.2 NAME	ROLLI, JOHN JOHN ROLLI
STREET ADDRESS	2200 FOGGARTY	1.3 STREET ADDRESS	6 SNAPPER LN.
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	SUGARLOAF KEY, FL. 33044
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENKER, MITCHELL	2.2 NAME	GERARD WATERS
STREET ADDRESS	PO BOX 999 N/A	2.3 STREET ADDRESS	1715 UNITED ST.
CITY-ST-ZIP	SUMMERFIELD FL 34492	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERCOLE, DENNIS	3.2 NAME	DIRECTOR MITCHELL DENKER
STREET ADDRESS	2200 FOGARTY AVE	3.3 STREET ADDRESS	12130 SE 47TH AVE
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLI, JOHN	4.2 NAME	DIR DENNIS D'ERCOLE
STREET ADDRESS	PO BOX 2582 N/A	4.3 STREET ADDRESS	2200 FOGARTY AVE
CITY-ST-ZIP	KEY WEST FL 33045	4.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, GEORGE	5.2 NAME	DIR HAAS, GARY
STREET ADDRESS	PO BOX 2582 N/A	5.3 STREET ADDRESS	PO BOX 2582
CITY-ST-ZIP	KEY WEST FL 33045	5.4 CITY-ST-ZIP	KEY WEST, FL 33045
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, SCOTT	6.2 NAME	
STREET ADDRESS	2027 FLAGLER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	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, on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD WATERS 4/8/99 3057971030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

582610-90012-46
Doc #S07993

BEACHSIDE WATERSPORTS
P.O. BOX 2582
KEY WEST, FLORIDA 33045

PRESIDENT
JOHN ROLLI
6 SNAPPER LANE
SUGARLOAF KEY, FL. 33044

SECRETARY
GERARD WATERS
1715 UNITED ST.
KEY WEST, FL. 33040

DIRECTOR
MITCHELL DENKER
12130 SE 47TH ST.
BELLEVIEW, FL. 34420

DIRECTOR
DENNIS D'ERCOLE
2200 FOGARTY AVE.
KEY WEST, FL. 33040

DIRECTOR
GARY HAAS
P.O. BOX 2833
KEY WEST, FL. 33045

REGISTERED AGENT
MITCHELL DENKER