FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01026--021
****208.75 ****208.75

DOCUMENT # S50496 (6)

1. Corporation Name
Southpoint Sail & Dive, Inc.

Principal Place of Business	Mailing Address
714 Duval Street Key West, FL 33040	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/3/1991
3a. Date of Last Report: 6/9/1994

2. Principal Place of Business	2a. Mailing Address
21 714 Duval St.	26 714 Duval St.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Key West, FL	28 City & State: Key West, FL
24 Zip: 33040 25 Country: USA	29 Zip: 33040 30 Country: USA

4. FEI Number: 650262418 ☐ 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

7. The corporation has ceased to be eligible for 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
Victoria White 3920 S. Roosevelt Blvd. 1065 Key West, FL 33040	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: _____ 4/22/95
Signature, typed 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	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Edward Ruzic	12 NAME	
STREET ADDRESS	606 Truman North #13	13 STREET ADDRESS	
CITY ST ZIP	Key West FL 33040	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	Maria Ruzic	22 NAME	
STREET ADDRESS	606 Truman North #13	23 STREET ADDRESS	
CITY ST ZIP	Key West, FL 33040	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	Sam Anderson	32 NAME	
STREET ADDRESS	7297 Frances Street	33 STREET ADDRESS	
CITY ST ZIP	Easton MD 21601	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	Victoria White	42 NAME	
STREET ADDRESS	3920 S Roosevelt Blvd 1065	43 STREET ADDRESS	
CITY ST ZIP	Key West, FL 33040	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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, or on an attachment with an address.

SIGNATURE: Victoria White, Secretary 4/22/95 305-292-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number