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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	996	Division of C	CORPORATIONS		
DOCUM		196 (6)			
SOUTI	HPOINT SAIL & DIVE, IN	C.			
				4 18814818 181 BILLA BAKA BIRKE 1814	A BINN BNANK BNANK BUBUN BUBUN BUBUN BUBUN BUBUN
Diferinal Disease	CD disease				
Principal Place of Business		Mailing Address			
714 DUVAL STREET KEY WEST FL 33040		535 DUVAL STREET KEY WEST FL 33040			
US		THE THE PERSON		Date Incorporated or Qualified	3a. Date of Last Report
				05/03/1991	05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0262418	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ziρ	Country	Ζφ	Country	8. This corporation has liability for int	
24	25 Same and Address of Curre	29	[30]	Florida Statutes Yes 10. Name and Address of New Rec	No Pistored Agent
	g, Italio and Address of Care	ent riogistereo Agent	81 Name	1 1 111 1	gistored Agent
VICTOR	IA P. FINKEN		82 Street A	VICTOVIA White	
3920 S. ROOSEVELT BLVD.			39	ddress (P.O. Box Number is Not Acceptable)	BIVD 4055
NO. 40			83		
KEY WE	EST FL 33040		84 City	Lev West	FL 85 70 Code 30 40
11 Pursuant to	the provisions of Sections 607 050	02 and 607 1508. Florida Statutos	the above named cor	Ley West poration submits this statement for the purpor	FL 20040
or registered	diagent, or both, in the State of Fic , and accept the obligations of Se	iuda. Such change was authorizei	d by the corporation's L	loard of directors. Thereby accept the appoin	ntment as registered agent. Fam
SIGNATURE		Car Title 1,0000, Title Car Carrier	·	4/3	28/96
54			E. Hispotehed Agent a great re-re-	Importance recognition	LIMITE .
12.	PD OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Chongo D Addit on
NAME	RUZIC, EDWARD JOSEPH		1 1 THILE 1.2 NAME	PD Ruzic Edward Josef	oh
STREET ADDRESS	606 TRUMAN AVE NORTH		1.3 STREET ADDRESS	24 Whistling Duck	
CITY - ST - ZIP	KEY WEST FL 33040		14 CITY+ST-ZIP	Key West FL 33040	
TITLE	V	DELETE	2 1 fille	<i>Y</i>	Change Addition
NAME	RUZIC, MARIA		2.3 NAME	Ruzic Maria	
STHEET ADDRESS	606 TRUMAN AVE NORTI	H #13	2.3 STREET ADDRESS	24 Whistling Duck	1.
CHY-ST-ZIP TITLE	KEY WEST FL 33040	☐ DELETE	2.4 CHY+ST+ZIP 3.1 THTLE	Key West FL 330.	Change Addition
NAME	ANDERSON, SAM		3.2 NAME		Onongo Addition
STREET ADDRESS	7297 FRANCES ST.		3.3 STHEET ADDRESS		
CITY+ST-ZIP	EASTON MO 21661		3.4 CITY+ST+ZIP		
TITLE	\$	DELETE	4 1 TITLE		Change Addition
NAME.	WHITE, VICTORIA 3920 S ROOSEVELT B 40	nee .	4.2 NAME		
STREET ADDRESS	KEY WEST FL 33040	100	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	INLI FILOTIL COUTU	DELETE	4.4 CITY - ST - ZIP 5.1 TiTLE		Change Addition
NAME		<u></u>	5.2 NAME		_ ,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CiTy - ST- ZIF		The state of the s
TITLE		☐ DEL e 1e	6 1 THTLE		Change Addition
NAME CTOSET ADDRESS			6 2 NAME		
STREET ADDRESS CUTY_ST-74P			6.3 STREET ADDRESS		

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 charged or on an attachment with an address

SIGNATURE:

SIGNAMERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)