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 # **S83040** **(3)**

1. Corporation Name

JET SKI RENTALS, INC.

Principal Place of Business	Mailing Address
6170 CENTRAL AVENUE. C/O GULF TAX. INC. SUITE A ST. PETERSBURG FL 33707 US	6860 GULFPORT BLVD.. C/O GULF TAX. INC. SUITE #900 ST. PETERSBURG FL 33707 US

3. Date Incorporated or Qualified: **09/26/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 3 BELLEVUE DR
22: Suite, Apt #, etc.
23: City & State: TREASURE ISLAND FL
24: Zip: 33706, 25: Country

2a. Mailing Address
26: SAME.
27: Suite, Apt #, etc.
28: City & State
29: Zip, 30: Country

4. FEI Number: **59-3128429** ☐ 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

~~GULF TAX INC -LIGHT , BRIAN~~
~~6860 GULFPORT BLVD~~
~~SUITE #900~~
~~ST. PETERSBURG FL 33707~~

10. Name and Address of New Registered Agent

81 Name: TREVON COX
82 Street Address (P.O. Box Number is Not Acceptable): 3 BELLEVUE DR.
83:
84 City: TREASURE ISLAND FL 85 Zip Code: 33706

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: [signature] TREVON COX DP. 4/29/96,
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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COX, TREVOR		1.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD., SUITE #900		1.3 STREET ADDRESS	3 BELLEVUE DR	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DVP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COX, NANCY LINDA		2.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD., SUITE #900		2.3 STREET ADDRESS	3 BELLEVUE DR	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706,	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	LIGHT, BRIAN		3.2 NAME	L.D. MIFSUD	
STREET ADDRESS	6860 GULFPORT BLVD., SUITE 900		3.3 STREET ADDRESS	3 BELLEVUE DR	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706,	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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: [signature] TREVON COX 4/29/96, (813) 392-3690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)