

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V40478** (2)

1. Corporation Name

ALL WATER SPORTS INC.



Principal Place of Business

Mailing Address

**1504 STICKNEY POINT ROAD
UNIT 408
SARASOTA FL 34242**

**1504 STICKNEY POINT ROAD
UNIT 408
SARASOTA FL 34242**

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0350562

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1504 Stickney Pt. Rd.

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34231

Country

2a. Mailing Address

26 1504 Stickney Pt. Rd.

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34231

Country

9. Name and Address of Current Registered Agent

**MALHEIRO, JAIME A.
1504 STICKNEY POINT ROAD
UNIT 408
SARASOTA FL 34242**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1504 Stickney Pt. Rd.

83.

84.

City **Sarasota**

FL

85. Zip Code

34231

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 type for principal place of registered agent and, if not applicable, for the registered agent signature required when registering

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
MALHEIRO, JAIME A.
1504 STICKNEY POINT ROAD
SARASOTA FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVP
GLUNK, PETER
1504 STICKNEY POINT ROAD
SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Jaime A. Malheiro** **JAIME A. MALHEIRO** 7/10/96 (941) 921-2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)