FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # V40803

(1)

KL WATERSPORTS, INC.

SIGNATURE:

Principal Place 104000 OVERSE KEY LARGO FL	EAS HIGHWAY		Mailing Address 104000 OVERSEAS HIGHWAY KEY LARGO FL 33037-2906						
						3. Date Incorporated or Qualified 06/01/1992	1	ite of Last R	eport
2. Principal Pa	ace of Business	2a. Maling Address				4. FEI Number	1 00/2	28/1996	oplied For
21		26				65-0339799		· · · · · · · · · · · · · · · · · · ·	ot Applicable
Suite, Apt	#, etc	Surtc. Apt. #, etc.	* . to a k t o . k ko menum a dome			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be
23	Country	28	T	olo.		Trust Fund Contribution	<u> </u>	Added 1	
Zip 24]	Country	Zip	Cour 30	rury		This corporation has liability for Florida Statutes	intangible Yes	tax under s	. 199.032,
24	25 9. Name and Address of Cur	29 rent Registered Agent	30			10. Name and Address of New Re			
DAIA				81	Name				
BAIAMONTE, JOHN 104000 OVERSEAS HIGHWAY									
		1	82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
NL I	LARGO FL 33037		t	83					
]			······································			
				84	City		FL	85 Zip (Code
SIGNATURE 12.	Signment (per ut or product name of requirence OFFICERS	AND DIRECTORS	TE Hegislered	Age	int signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOF	RS IN 12
TITLE	D	☐ DELETE	1.1 717	LE				Change	Addition
NAME	BAIAMONTE, JOHN		1.2 NA	ME					
STREET ADDRESS	104000 OVERSEAS HIGHWA	AY	1.3 ST	REET	ADDRESS				
CITY-ST-7IP	KEY LARGO FL		1.4 CH	_	T-ZIP			-	·
THLE		[_] DELETE	2.1 111					☐ Change	Addition
NAME			2.2 NA						
STREET ADDRESS					ADDRESS				
City-St-ZIP Title	148-74-da	DELETE	2. 4 CI 3.1 Tif		ST - ZIP			Change	Addition
NAME		, percent	3.1 M					L. Grange	L. Addition
STREET ADDRESS					ADDRESS				
City-St-ZiP			3.4 CI						
TITLE		DELETE	4.1 \$11	******	× 1, 1, 1			Change	Addition
MAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY - ST - ZIP			4.4 CIT	Y-S	T - ZiP				
TOTLE		☐ DELETE	5.1 10	LE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CHY-ST-ZIP		DELETE	5.4 CIT		T - ZIP			Channe	Adamt
TITLE		L_] DELETE	6.1 111					Change	Addition
NAME ETREET APPOPESS			6.2 NA		ADDDECC				
STREET ADDRESS					ADDRESS				
14. Loo heret	by certify that the information suni	blied with this filing does not qual	6.4 CII ify for the			ed in Section 119.07(3)(i), Florida Statute	is. I further	certify that	the
informatio Lam an of	ri indicated or this armual report.	or supplemental annual report is for the receiver or trustee empor	true and a wered to e	CCL	rate and th	nat my signature shall have the same leg- port as required by Chapter 607, Florida	al effect as	if made un	der oath; tha