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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73926

(0)

DAN'S WATERSPORTS, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Addres	ss	*******			BIBIL BIBIL BIBIL BIBIL DI	
3200 STATE ROAD 92 GOODLAND FL 33933		P.O. BOX 1218				:		
						Date Incorporated or Qualified 10/23/1992	3a. Date of Las 02/26/1990	
	Place of Business	2a. Mailing Add	dress			4. FEI Number		Applied For
21		26			····	65-0370022		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #	¥, etc.			5. Certificate of Status Desired	¥	5 Additional Required
City & Sta	ate .	City & State	,			Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip	Country	Zip		Country		8. This corporation has liability for li	ntangible tax unde	r s. 199.032,
24	25	[29]	30	0		1,01102 0101010	Yes 🗀 No	
	9. Name and Address of C	current Registered Agent				10. Name and Address of New Reg	gistered Agent	
NE.	ALE, PATRICK H			81	Name			
LAZARUS AND NEALE 995 N COLLIER BLVD				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	<u> </u>
	RCO ISLAND FL 33937			83				
				84	City		85 Z	ip Code
				اتا	Oity			ip code
agent. I	am tamiliar with, and accept the	-objidations of Section but	ZUNUN HINDE	sa Statutes		poration submits this statement for the pition's board of directors. I hereby acception		
SIGNATURE	Signature, typed or printed name or regisle					fred when reinstating)	DATE	
	Signature typed or printed name of regist							ORS IN 12
SIGNATURE	Signative typed or punted name of regist OFFICEF	eres agent and title if applicable.		Registered Age		irad when reinstating)		
SIGNATURE	Signature typest or punted name of regist OFFICEF PD LYDON, DANIEL	eres agent and title if applicable.	(NOTE: A	Registered Age		irad when reinstating)	ERS AND DIRECT	
SIGNATURE 12. TITLE	Signature type-decipinited name of regist OFFICEF PD LYDON, DANIEL 1085 BLAD EAGLE DR	eres agent and title if applicable.	(NOTE: A	Registered Age	nt signature requi	irad when reinstating)	ERS AND DIRECT	
SIGNATURE 12. TIPLE NAME	Signature typest or punted name of regist OFFICEF PD LYDON, DANIEL	ores agent and title if applicable. IS AND DIRECTORS	(NOTE: A	13. 1.1 TITLE 1.2 NAME	nt signature requi	irad when reinstating)	ERS AND DIRECT	e Addition
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SIGNATURE 12. THLE NAME STREET ADDRESS CHY-SI-ZIP THLE	Signature types or printed name or regist OFFICEF PD LYDON, DANIEL 1085 BLAD EAGLE DR GOODLAND FL	ores agent and title if applicable. IS AND DIRECTORS	(NOTE: A	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE	nt signature recul	irad when reinstating)	ERS AND DIRECT	e Addition
SIGNATURE 12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature types or printed name or regist OFFICEF PD LYDON, DANIEL 1085 BLAD EAGLE DR GOODLAND FL	gres agent and title if applicable.	(NOTE: A DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	irad when reinstating)	ERS AND DIRECT	geAddition
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4. I do hereby certify that the information supplied with his fling 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; the 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 changed, or on an attachment with an address.

SIGNATURE:

LUN AND TYPED ON PROTECT AND OF NOMING OF PICER OR DIRECTOR

7 99/09 368 Dayline Prone #