

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

**AND FILED**

55 MAY -1 AM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000080443 (2)**

H2O SKIING, INC.

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business                            | Mailing Address  |
| 8505 WEST IRLO BRONSON MEM. HWY.<br>KISSIMMEE FL 34746 | 8505 WEST IRLO BRONSON MEM. HWY.<br>KISSIMMEE FL 34746 |

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date the corporation is Quiescent  | 3a. Date of Last Report   |
| 21                             | 26                  | 10/31/1994  |   |
| 22                             | 27                  | 4. FEI Number   | Applied For / Not Applicable  |
| 23                             | 28                  | 59-3274632  |   |
| 24                             | 29                  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 25                             | 30                  | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|                                |                     | 7. This corporation has liability for intangible tax under S. 197.012, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent                              | 10. Name and Address of New Registered Agent  |
| BAIRD, J. BRIAN<br>225 EAST ROBINSON STREET<br>SUITE 450<br>ORLANDO FL 32801 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, 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 Sections 607.0102, Florida Statutes.

SIGNATURE

(Signature of Agent or person who filed this report on behalf of the corporation)

(Signature of Registered Agent or registered agent nominee)

AP

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| 1. TITLE                   | D                                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | THOMPSON, RONALD K II            | 1.2 NAME  |   |
| 3. STREET ADDRESS          | 8505 WEST IRLO BRONSON MEM. HWY. | 1.3 STREET ADDRESS                                    |   |
| 4. CITY, ST, ZIP           | KISSIMMEE FL 34746               | 1.4 CITY, ST, ZIP                                     |   |
| 5. TITLE                   |                                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                  | 2.2 NAME  |   |
| 7. STREET ADDRESS          |                                  | 2.3 STREET ADDRESS                                    |   |
| 8. CITY, ST, ZIP           |                                  | 2.4 CITY, ST, ZIP                                     |   |
| 9. TITLE                   |                                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                  | 3.2 NAME  |   |
| 11. STREET ADDRESS         |                                  | 3.3 STREET ADDRESS                                    |   |
| 12. CITY, ST, ZIP          |                                  | 3.4 CITY, ST, ZIP                                     |   |
| 13. TITLE                  |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                  | 4.2 NAME  |   |
| 15. STREET ADDRESS         |                                  | 4.3 STREET ADDRESS                                    |   |
| 16. CITY, ST, ZIP          |                                  | 4.4 CITY, ST, ZIP                                     |   |
| 17. TITLE                  |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                  | 5.2 NAME  |   |
| 19. STREET ADDRESS         |                                  | 5.3 STREET ADDRESS                                    |   |
| 20. CITY, ST, ZIP          |                                  | 5.4 CITY, ST, ZIP                                     |   |
| 21. TITLE                  |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME                   |                                  | 6.2 NAME  |   |
| 23. STREET ADDRESS         |                                  | 6.3 STREET ADDRESS                                    |   |
| 24. CITY, ST, ZIP          |                                  | 6.4 CITY, ST, ZIP                                     |   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(3)(b), Florida Statutes. I affirm 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 this report or disclosure 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 1, for Block 1, if checked, or on an attachment with an address.

SIGNATURE: *Ronald K. Thompson II* RONALD K. THOMPSON II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 407-257-0686