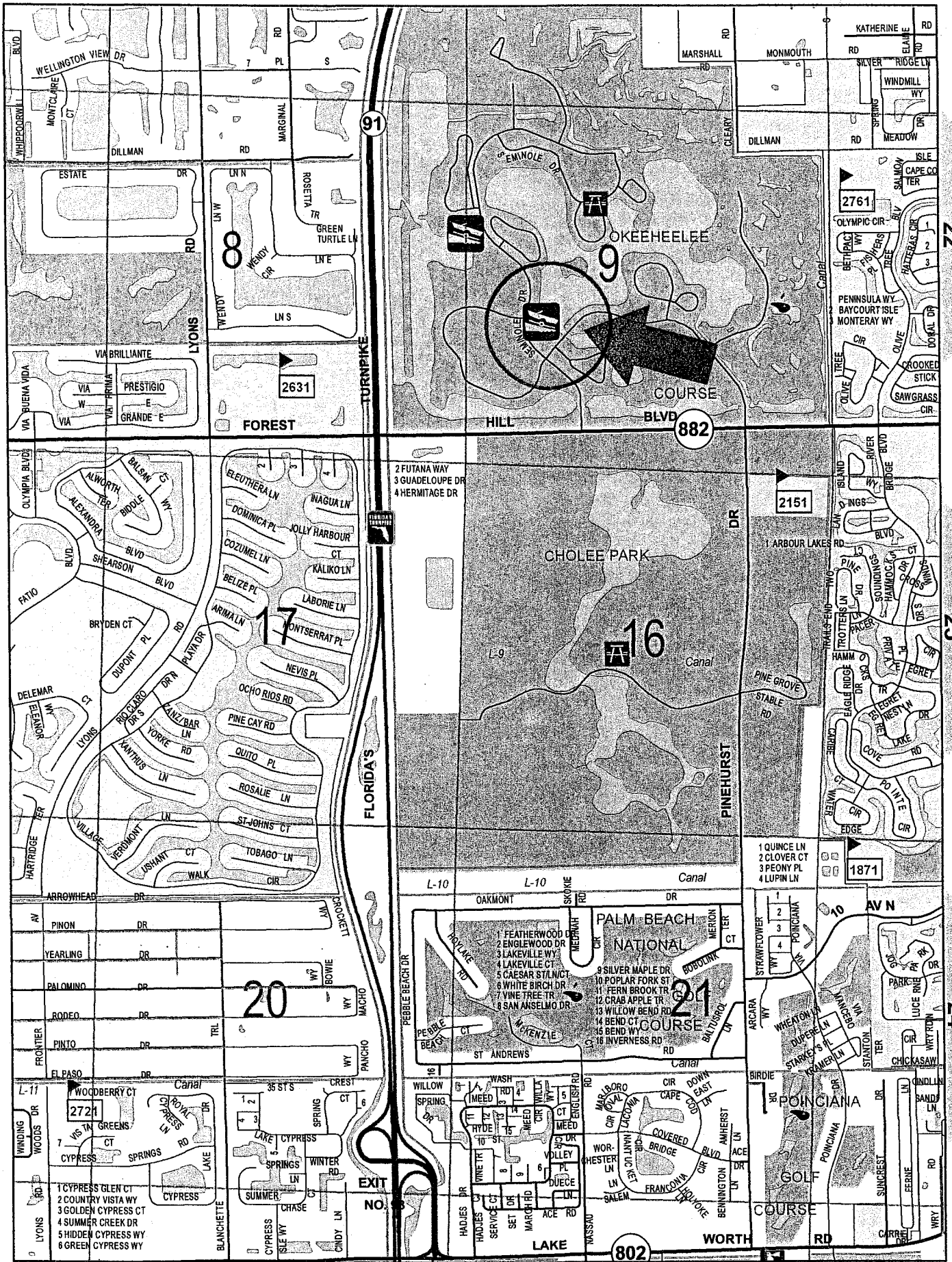


T44

1

T44

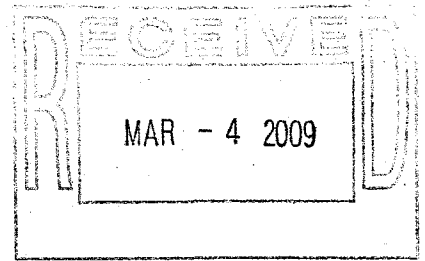


LOCATION MAP

ATTACHMENT #1

Handwritten scribble or signature.

Kayak-King WaterSports Inc.
Okecheelee Boat Rentals
1338 Victoria Drive
West Palm Beach, FL 33406
(561) 632-2707



February 12, 2009

VIA FAX: 963-6734

John Wildner
Parks & Recreation Department
2700 Sixth Avenue So.
Lake Worth, FL 33461

RE: Renewal of Lease with Palm Beach County for the Okecheelee Boat Rentals at
Okecheelee Park, 7715 Forest Hill Blvd, West Palm Beach, Florida

Dear Mr. Wildner:

On behalf of Kayak-King Watersports Inc. who uses the lake to rent watercrafts and bikes, please accept this letter as a request for another (1) year extension to our 5 year contract on the above referred lease. We have had nothing but positive comments regarding the rental station and will like to continue to make this available to the many visitors we get.

Please feel free to contact me if there is any other information you need.

Sincerely,

Okecheelee Boat Rentals/Kayak-King Watersports Inc.

A handwritten signature in cursive script that reads "Annette Arriaga-Roque".

Annette Arriaga-Roque
President

ATTACHMENT #2

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 3/13/2009

REQUESTED BY: Steven K. Schlamp
Property Specialist/PREM

PHONE: (561) 233-0239

FAX: (561) 233-0210

PROJECT TITLE: Okecheelee Park Equipment Concession Renewal Option 2 of 4

PROJECT NO.: 2009-5.003

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$1,297.92)	(\$3,893.76)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$1,297.92)</u>	<u>(\$3,893.76)</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

*** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 580

UNIT: 5411

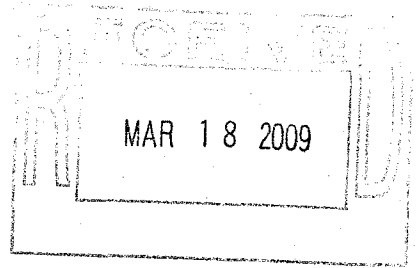
OBJ: 4729-09

SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES X NO _____

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund
- Operating Budget
- Federal/Davis Bacon
- _____



Department: _____

BAS APPROVED BY: [Signature] DATE: _____

ENCUMBRANCE NUMBER: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2009

PRODUCER ATWOOD INSURANCE AGENCY, INC 14300 SW 36th Ave Rd Ste A Ocala, FL 34473 (352)245-2182	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Kayak-King Watersports, Inc 1338 Victoria Drive West Palm Beach, FL 33406 561-632-2707	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Penn America Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Penn America Insurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Penn America Insurance Co													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PAC6719347	8/11/2008	8/11/2009	EACH OCCURRENCE \$ 1,000,000								
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 0,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">WC STATUTORY LIMITS</td> <td style="width:30%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Location: 7715 Forest Hill Blvd West Palm Beach Fl

Certificate Holder is named as additional insured

Watercraft Liability is included in the general liability coverage

CERTIFICATE HOLDER

Palm Bch Cty Board Of Cty Commissioners
 A Political Sub Division of the State of
 FL its officers, agent & employes
 301 N Olive Avenue
 West Palm Beach Fl 33401
 Fax 561-963-6734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD™ EVIDENCE OF PROPERTY INSURANCEDATE (MM/DD/YY)
02/27/09

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER CBIZ Insurance Svcs., Inc. 44 Baltimore Street Cumberland, MD 21502		PHONE (A/C. No. Ext): 301 777-1500	COMPANY Hartford Fire Insurance Company 200 International Circle P O Box 8010 Hunt Valley, MD 21030		
CODE:	SUB CODE:				
AGENCY CUSTOMER ID#: 59295		LOAN NUMBER		POLICY NUMBER 30UUMTL6279	
INSURED Kayak-King Watersports, Inc. 1338 Victoria Drive West Palm Beach, FL 33406		EFFECTIVE DATE 08/07/08	EXPIRATION DATE 08/07/09	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

7715 Forest Hill Blvd
West Palm Beach, FL 33406
Outpost**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Combined Business Income and Extra Expense	10,000	
Wind Deductible		\$5,000
Building	45,000	\$1,000
Business Personal Property	5,900	\$1,000
Cause: Special (Including Theft)		
Replacement Cost		
Equipment	10,000	1,000

REMARKS (Including Special Conditions)

Certificate Holder to read: Palm Beach County, Board of County Commissioners, A political subdivision of the State of Florida, Its officers, agents, and employees

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS Palm Beach County Attn: Parks & Rec. Dept. 2700 Sixth Avenue Lakeworth, FL 33461	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
LOAN #				
AUTHORIZED REPRESENTATIVE				

STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT

TO: Palm Beach County Board of County Commissioners
2700 Sixth Avenue So.
Lake Worth, FL 33461

This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

Annette Arriaga - Roque

(Please Print Name)

Annett Arriaga Roque President

Signature/Title

2/26/09



Date

Kayak-King WaterSports Inc.

Company Name

1338 Victoria Drive, West Palm Beach, FL 33406

Company Street Address/City/State/Zip Code

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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Detail by Entity Name

Florida Profit Corporation
KAYAK-KING WATERSPORTS, INC.

Filing Information

Document Number	P01000087599
FEI/EIN Number	651139474
Date Filed	09/04/2001
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	10/24/2007
Event Effective Date	NONE

Principal Address

1338 VICTORIA DR
WEST PALM BEACH FL 33406
Changed 10/24/2007

Mailing Address

1338 VICTORIA DR
WEST PALM BEACH FL 33406
Changed 10/24/2007

Registered Agent Name & Address

ARRIAGA, ANNETTE
1338 VICTORIA DR
WEST PALM BEACH FL 33406
Name Changed: 10/24/2007
Address Changed: 10/24/2007

Officer/Director Detail

Name & Address

Title PD
ARRIAGA, ANNETTE
1338 VICTORIA DR
WEST PALM BEACH FL 33406

Title VPD
ROQUE, ROGER
1338 VICTORIA DR
WEST PALM BEACH FL 33406

Annual Reports

Report Year Filed Date

2006	02/21/2006
2007	01/31/2007
2008	01/16/2008

Document Images

01/16/2008 -- ANNUAL REPORT	View image in PDF format
10/24/2007 -- Amendment and Name Change	View image in PDF format
01/31/2007 -- ANNUAL REPORT	View image in PDF format
02/21/2006 -- ANNUAL REPORT	View image in PDF format
04/27/2005 -- ANNUAL REPORT	View image in PDF format
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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087599

FILED
Jan 16, 2008
Secretary of State

Entity Name: KAYAK-KING WATERSPORTS, INC.

Current Principal Place of Business:

1338 VICTORIA DR
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1338 VICTORIA DR
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-1139474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRIAGA, ANNETTE
1338 VICTORIA DR
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARRIAGA, ANNETTE
Address: 1338 VICTORIA DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: ROQUE, ROGER
Address: 1338 VICTORIA DR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE ARRIAGA

PD

01/16/2008

Electronic Signature of Signing Officer or Director

Date