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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DÖCUMENT # P94000058736 (7)

SKELETON KEY MARINA & YACHT SALES, INC.

Principal Place of Business Mailing Address 6300 CLARK STREET 6300 CLARK STREET HUDSON FL 34867 HUDSON FL 34667-1375 2. Principal Place of Business 2a. Mailing Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Zip Zip Country Country 24 25 29 9. Name and Address of Current Registered Agent SHRIVER, ERNEST 6300 CLARK STREET Street Addr 82 **HUDSON FL 34667** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's agent. I am familiar with jand accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required wi OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE **GOETZ, WALTER** NAME 1.2 NAME **6300 CLARK STREET** STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE SHRIVER, ERNEST NAME 2.2 NAME 13031B 92ND STREET NORTH STREET ADDRESS 2.3 STREET ADDRESS **LARGO FL 34643** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TO LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address.

FILED Mar 13 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report 04/15/1996
FEI Number	Applied For
65-0511212	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
). Name and Address of New Reg	· - .
(P.O. Box Number is Not Acceptable	Θ)
) S	FL 85 Zip Code 3
on submits this statement for the probable board of directors. I hereby accept a companies of the probable board of directors. I hereby accept a companies of the probable board	- 10 - 97
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