

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

P1 of 2

PROFIT CORPORATION
ANNUAL REPORT
1996



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

600001774466
-04/09/96--01123--024
***208.75

DOCUMENT # **P95000048816 (9)**

1. Corporation Name
BOAT DEALERS' ALLIANCE, INC.



Principal Place of Business	Mailing Address
801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131	801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131

3. Date Incorporated or Qualified 06/20/1995	3a. Date of Last Report N/A
4. FEI Number 41-1822266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3983 Pine Point Rd.	26 3983 Pine Point Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St. Cloud, MN	28 City & State St. Cloud, MN
24 Zip 56303	29 Zip 56303
25 Country U.S.A.	30 Country U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAGIN, STEPHEN E 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE ED	O/Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Rick Manion - c/o BDA
STREET ADDRESS		1.3 STREET ADDRESS	3983 Pine Point Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Cloud, MN 56303
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE P	O/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Bob Soucy - c/o Pt. Harbor Marine
STREET ADDRESS		2.3 STREET ADDRESS	Spring Point Marine
CITY-ST-ZIP		2.4 CITY-ST-ZIP	South Portland, ME 04106
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP/D	O/Vice President/Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Tony Lumpkin - c/o Buck's Island
STREET ADDRESS		3.3 STREET ADDRESS	2600 Buck's Island Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Southside, AL 35907
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE T/D	O/Treasurer/Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gene Killinger-c/o Killinger Marine
STREET ADDRESS		4.3 STREET ADDRESS	84 West Airport Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE S/D	O/Secretary D/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kay Crocker - c/o Crocker Marine
STREET ADDRESS		5.3 STREET ADDRESS	528 Waynick Boulevard
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Wrightsville Beach, NC 28480
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	D/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Frank Franklin c/o Custom Marine
STREET ADDRESS		6.3 STREET ADDRESS	25 South Terrell Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Metter, GA 30439 (Cntd...)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steph E. Nagin* 3-3-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____ Daytime Phone # _____

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT 1996



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**CONTINUATION OF ITEM 13
(ADDITIONS OF OFFICERS AND DIRECTORS)**

DOCUMENT # P95000048816 (9)

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BOAT DEALERS' ALLIANCE, INC.

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**NAGIN, STEPHEN E
801 BRICKELL AVENUE
SUITE 1501
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dir. Mike Hebert-c/o Texas Marine
1.3 STREET ADDRESS	1140 I-10 N
1.4 CITY-ST-ZIP	Beaumont, Texas 77702
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dir. Larry Russo-c/o Russo Marine
2.3 STREET ADDRESS	357 Mystic Avenue
2.4 CITY-ST-ZIP	Medford, MA 02155
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dir. Wally Wall- c/o Summerville Marine
3.3 STREET ADDRESS	928 West 5th N Street (HWY 78)
3.4 CITY-ST-ZIP	Summerville, SC 29483
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dir. Bill Schaefer - c/o Beaver Park Mr.
4.3 STREET ADDRESS	6101 West Erie Avenue
4.4 CITY-ST-ZIP	Lorain, OH 44053
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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SIGNATURE: *Sandra B. Mortham*

3-3-96

CR2E034 (12/95)