

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000048816 (9)

1. Corporation Name
BOAT DEALERS' ALLIANCE, INC.



Principal Place of Business: **3983 PINE POINT RD. ST. CLOUD MN 56303**
Mailing Address: **3983 PINE POINT RD. ST. CLOUD MN 56303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number **41-1822266**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**NAGIN, STEPHEN E
200 S BISCAYNE BLVD
STE 3580
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Ave-Third Floor
83	
84	City Miami
85	Zip Code FL 33133-4741

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANION, PATRICK	1.2 NAME	
STREET ADDRESS	3983 PINE POINT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD MN	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUCY, ROBERT	2.2 NAME	
STREET ADDRESS	SPRING POINT MARINE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PORTLAND ME	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMPKIN, TONY	3.2 NAME	
STREET ADDRESS	2600 BUCK'S ISLAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHSIDE AL 35907	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLINGER, GENE	4.2 NAME	
STREET ADDRESS	84 WEST AIRPORT BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, KAY	5.2 NAME	
STREET ADDRESS	528 WAYNICK BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WRIGHTSVILLE BEACH NC 28480	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, FRANK	6.2 NAME	
STREET ADDRESS	25 SOUTH TERRELL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	METTER GA 30439	6.4 CITY-ST-ZIP	

14. I 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 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 *Patrick J. Manion Jr.* **11-29-98 (220) 253-7444**

CR2E034 (10/97)