

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000050995 (6)**

1. Corporation Name

INTERNATIONAL BOAT CENTER, INC.



Principal Place of Business

**3482 PINEHAVEN CIRCLE
BOCA RATON FL 33431**

Mailing Address

**3482 PINEHAVEN CIRCLE
BOCA RATON FL 33431**

2. Principal Place of Business

21 **7001 S.W. JACK JAMES DR**
Suite, Apt. #, etc.

22

City & State

23 **STUART, FL**

24 **34997**

Country

25 **MARTIN**

2a. Mailing Address

26 **7001 S.W. JACK JAMES DR**
Suite, Apt. #, etc.

27

City & State

28 **STUART, FL**

29 **34997**

Country

30 **MARTIN**

9. Name and Address of Current Registered Agent

**RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BOULEVARD
STE 905
FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

4. FEI Number

65-060-6055

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 has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

PETER SCHMIDT

82 Street Address (P.O. Box Number is Not Acceptable)

7001 S.W. JACK JAMES DRIVE

83

84 City

STUART

FL

85 Zip Code

34997

11. Pursuant to the provisions of Sections 607.0402 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Peter Schmidt

7-15-96

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D SCHMIDT, PETER**
STREET ADDRESS **3482 PINEHAVEN CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE DELETE
NAME **D BENBOW, JOHN**
STREET ADDRESS **3482 PINEHAVEN CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE Change Addition
1.2 NAME **D SCHMIDT, PETER**
1.3 STREET ADDRESS **7001 S.W. JACK JAMES DRIVE**
1.4 CITY-ST-ZIP **STUART, FL 34997**

2.1 TITLE Change Addition
2.2 NAME **D BENBOW, JOHN**
2.3 STREET ADDRESS **17001 S.W. JACK JAMES DRIVE**
2.4 CITY-ST-ZIP **STUART, FL 34997**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(b), 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:

Peter Schmidt
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96 561-223-8110

CR2E034 (12/95)