

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90027 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 95000069105 ✓
 Corporation Name
BETTER BOATS INTERNATIONAL CORP

549002 - 90027 - 20



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/7/95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

2632 SE 10th CT

26 40 BRIAN LYNN CPA

65-0614155

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

27 2 So UNIVERSITY DR STE 215

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State
 Pompano Beach FL

28 PLANTATION FL

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip 33062 Country Broward

29 33324 Country Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIF ENGELUND
 2632 SE 10th CT
 Pompano Beach FL 33062

81 Name Brian Lynn, CPA
 82 Street Address (P.O. Box Number is Not Acceptable) Two So. University Drive, Ste 215
 83 Plantation, FL 33324
 84 City FL 85 Zip Code

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

Brian Lynn

BRIAN LYNN

DATE

4/22/99

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	D/PRES	<input type="checkbox"/> DELETE
NAME	LEIF ENGELUND	
STREET ADDRESS	2632 SE 10th CT	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	METTE ENGELUND	
1.3 STREET ADDRESS	2632 SE 10th CT	
1.4 CITY-ST-ZIP	Pompano Beach FL 33062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

CREDITS (11/98)

119.07(3)(i) 90027-20-8999