FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
Zip 24 34997 Country 25 MARTIN

2a. Mailing Address
26 7001 S.W. Jack James Dr
Suite, Apt. #, etc.
27
City & State
28 STUART, FL
Zip 29 34997 Country 30 MARTIN

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

9. **Name and Address of Current Registered Agent**

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

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 607.0502 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 [signature] DATE 7-15-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	SCHMIDT, PETER		1.2 NAME	SCHMIDT, PETER
STREET ADDRESS	3482 PINEHAVEN CIRCLE		1.3 STREET ADDRESS	7001 S.W. JACK JAMES DRIVE
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D	☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	BENBOW, JOHN		2.2 NAME	BENBOW, JOHN
STREET ADDRESS	3482 PINEHAVEN CIRCLE		2.3 STREET ADDRESS	7001 S.W JACK JAMES DRIVE
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: [signature] 7-15-96 561-223-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER SCHMIDT

CR2E034 (12/95)