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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 56303-9730

3. Date Incorporated or Qualified 06/20/1995	3a. Date of Last Report 04/09/1996
4. FEI Number 41-1822266	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
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)
200 S. Biscayne Blvd.
83 Suite 3500
84 City
Miami FL 85 Zip Code
33131

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 *Stephen E. Nagin* (NOTE: Registered Agent signature required when reinstating) DATE February 11, 1997

12. OFFICERS AND DIRECTORS	
TITLE	ED MANION, RICK 3983 PINE POINT ROAD ST. CLOUD MN 56303
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P SOUCY, BOB SPRING POINT MARINE SOUTH PORTLAND ME 04106
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD LUMPKIN, TONY 2600 BUCK'S ISLAND ROAD SOUTHSIDE AL 35907
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD KILLINGER, GENE 84 WEST AIRPORT BOULEVARD PENSACOLA FL 32503
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD CROCKER, KAY 528 WAYNICK BOULEVARD WRIGHTSVILLE BEACH NC 28480
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D FRANKLIN, FRANK 25 SOUTH TERRELL STREET METTER GA 30439
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ED/CEO PATRICK MANION
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	ROBERT SOUCY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* REQUIRED 2-6-97 (320) 253-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)