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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

LONGE	MENT # P97000 BOAT KEY EQUITIES, INC.	0082058 (3) Mailing Address			
1800 BEN FRANKLIN DRIVE		1800 BEN FRANKLIN DRIVE			
SUITE B808 Sarasota Le 34236		SUITE B806 SARASOTA LF 34236		DO NOT WRITE IN THIS SPACE	
		Ommoon a steps		3. Date Incorporated or Qualified	
				09/22/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3469009	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Ste	la .	City & State		A Station Committee Education	Fee Required
23	" FL	28	FL	8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29 3	0	Personal Property Tax due June 30.	☑ Yes ☐ No
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
SILBERSTEIN, DAVID M 81 Name					
720 SOUTH ORANGE AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34238					
			83		
			84 City		85 Zip Code
				<u>F</u>	
office or agent. I s SIGNATURE				poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	ppointment as registered
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PRESIDENT TREASUR		1.1 TITLE	Applitorio in indea a ai i i i i i i i i i i i i i i i i	Change Addition
NAME	IVAN A. FERNAN		1.2 NAME		
STREET ADDRESS	1800 BEN FRANKLII	N DR. SUITE B-806	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL. 3	4236	1.4 CITY-ST-ZIP		[3
TITLE	VICE PRESIDENT /SEC	RETARY DELETE	2.1 TITLE		Change Addition
NAME	MIRIAM S. FERN	IMNDEŻ	2.2 NAME		
STREET ADDRESS	1800 BEN FRANKLIN	DR. SUITE B-806	2.3 STREET ADDRESS		i
CITY - \$1 - ZIP	SARASITA , FL. 3	34236	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	(ب مندند	4. 2 NAME		
STREET ADDRESS			4.2 NAME 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	l		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.

(94) 388-3434

FILED

May 07 1998 8:00am

Secretary of State