

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90128 027 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000048816

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/20/1995

4. FEI Number  
41-1822266

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business  
21 133 Main ST.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 133 Main ST.  
Suite, Apt. #, etc.

22 City & State  
23 NIAHTIC, CT  
Zip Country  
24 06357 25

27 City & State  
28 NIAHTIC, CT  
Zip Country  
29 06357 30

9. Name and Address of Current Registered Agent

NAGIN, STEPHEN E  
3225 AVIATION AVENUE THIRD FLOOR  
STE 3580  
MIAMI FL 33133-4741

10. Name and Address of New Registered Agent

81 Name  
82 NAGIN, STEPHEN E  
83 Street Address (P.O. Box Number is Not Acceptable)  
3225 AVIATION AVENUE THIRD FLOOR  
84 City  
MIAMI FL 85 Zip Code  
33133-4741

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EDC	<input checked="" type="checkbox"/> DELETE
NAME	MANION, PATRICK	
STREET ADDRESS	3983 PINE POINT RD	
CITY-ST-ZIP	ST. CLOUD MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SOUCY, ROBERT	
STREET ADDRESS	SPRING POINT MARINE	
CITY-ST-ZIP	SOUTH PORTLAND ME	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUMPKIN, TONY	
STREET ADDRESS	2600 BUCK'S ISLAND ROAD	
CITY-ST-ZIP	SOUTHSIDE AL 35907	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KILLINGER, GENE	
STREET ADDRESS	84 WEST AIRPORT BOULEVARD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROCKER, KAY	
STREET ADDRESS	528 WAYNICK BOULEVARD	
CITY-ST-ZIP	WRIGHTSVILLE BEACH NC 28480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, FRANK	
STREET ADDRESS	25 SOUTH TERRELL STREET	
CITY-ST-ZIP	METTER GA 30439	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXC.DIR/OFFICER(NOT DIR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLSON, BRIAN	
1.3 STREET ADDRESS	133 MAIN ST.	
1.4 CITY-ST-ZIP	NIAHTIC, CT 06357	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOUCY, ROBERT	
2.3 STREET ADDRESS	SPRING POINT MARINE	
2.4 CITY-ST-ZIP	SOUTH PORTLAND, ME 04116	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUMPKIN, TONY	
3.3 STREET ADDRESS	2600 BUCK'S ISLAND RD	
3.4 CITY-ST-ZIP	SOUTHSIDE, AL 35907	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KILLINGER/ GENE	
4.3 STREET ADDRESS	84 WEST AIRPORT BOULEVARD	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CROCKER, KAY	
5.3 STREET ADDRESS	528 WAYNICK BOULEVARD	
5.4 CITY-ST-ZIP	WRIGHTSVILLE BEACH, NC 28480	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRANKLIN, FRANK	
6.3 STREET ADDRESS	25 SOUTH TERRELL STREET	
6.4 CITY-ST-ZIP	METTER, GA 30439	

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.

SIGNATURE:

SIGNATURE REQUIRED

BRIAN P. OLSON 4/20/99 (860) 691-3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

P95000048816  
444764-90128-27

13. ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	( ) CHANGE	(X) ADDITION
NAME	HEBERT, MIKE		
STREET ADDRESS	1140 I-H 10 NORTH		
CITY-ST-ZIP	BEAUMONT, TX 77702		

TITLE	D	( ) CHANGE	(X) ADDITION
NAME	RUSSO, LAWRENCE		
STREET ADDRESS	357 MYSTIC AVENUE		
CITY-ST-ZIP	MEDFORD, MA 02155		

TITLE	D	( ) CHANGE	(X) ADDITION
NAME	SCHAEFFER, WILLIAM		
STREET ADDRESS	6101 W. ERIE AVENUE		
CITY-ST-ZIP	LORAIN, OH 44053		