

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 319436 (2)  
1. Corporation Name  
SEA LARK BOATS, INC.



Principal Place of Business  
105 BAYVIEW DR  
ISLAMORADA FL 33036

Mailing Address  
105 BAYVIEW DR  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same		26 as above		08/01/1967	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-1169890	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				9. Yes 10. No	

9. Name and Address of Current Registered Agent

WOLLARD, MIGNON C.  
105 BAYVIEW DRIVE  
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WOLLARD, DONALD	1.2 NAME	
STREET ADDRESS	105 BAYVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	PTSD
NAME	WOLLARD, MIGNON C	2.2 NAME	
STREET ADDRESS	105 BAYVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Mignon C. Wollard

CR2E034 (10/97)