## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

531434 **DOCUMENT #** 

(9)

POWERLINE BANANA BOAT, INC.

Principal Place of Business	Mailing Address



1441 SW 26 AVE POMPANO BEACH FL 33069			1441 SW 26 AVE POMPANO BEACH FL 33069					
						3. Date Incorporated or Qualified 04/13/1977	3a. Date of L 03/2	ast Report 24/1995
2. Principal Pla	ice of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For
21		26			59-1737303		Not Applicable	
Suite, Apt. #	I, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional	
22		27	7				Fee Required	
City & State		City & State				6. Election Campaign Financing	1 1	5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Zip ·	Country	Zip	————	Country		8. This corporation has liability for i	intangible tax un No	der s. 199.032,
24	25 9. Name and Address of Curren	. 29 Segistered Acent	30	r		10. Name and Address of New F		nt
	9, Name and Address of Correc	it Negistereo Agent		81	Name	10. Hame the Address of Heart	og.stores Age.	··
DUDGE	ESS, GORDON G							
	NE 49TH ST #702			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
	JDERDALE, FL			83				
33308	DDENDALL, 1 L							
33300				84	City		FL  8	5 Zip Code
11 Pursuant t	o the provisions of Sections 607 0502	2 and 607 1508. Florid	ta Statutes, the	above-r	named corpor	ration submits this statement for the pur	• • •	a its registered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was	authorized by t	he corp	oration's boa	rd of directors. I hereby accept the app	ointment as regi	stered agent. I am
	m, and accept the bullgations of, Sect	nonon, cocu. Noo non	Statules.					•
SIGNATURE _	Signature, typod or printed name of registered agent	r and tella Lapplicable	(NOTE: Regis	stereo Ager	nt signature require	o when reinstating!	DATE	
12.		ID DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
TITLE	PD	[] DEI	LETE	1 1 TITLE			CH CH	hange 🔲 Addition
NAME	BURGESS, GORDON G			1.2 NAMÉ				
STREET ADDRESS	3100 NE 49TH ST APT 702	2		13 STREFT	ADDRESS			
CHTY-ST-ZIP	FT LAUDERDALE, FL 0			14 CHY-5	ST - ZIP		·	_,
TITLE	VPD	☐ DE	LETE	2 1 TITLE			CI	hange 🔲 Addition
NAME	BURGESS, WILLIAM G.			2 2 NAME				
STREET ADDRESS	10882 N.W. 15TH ST.			2.3 \$1REE1	ADDRESS			
CITY-ST-ZIP	CORAL SPRING FL			2 4 CITY - 5	ST-ZIP			
TIFLE	810	DF	LETE :	3 1 TITLE	Į		□ CI	hange 🔲 Addition
NAME	BURGESS, MARY F.			3 2 NAME				
STREET ADDRESS	3100 N.E. 49 ST. APT. 702	2		3.3 STREE	T ADDRESS			
CHTY-ST-ZIP	FT. LAUDERDALE FL			3 4 CITY - S	ST-ZIP			En Address
TITLE		☐ DE		4. 1 TITLE			□ c	hange 🗌 Addition
NAME				42 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	·	4.4 CITY-3	ST-ZIP		<u></u>	bases
TITLE	1	□ DE		5. 1 TITLE			□ c	hange
NAME	İ			5.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		<u> </u>		5.4 CITY-1	S1 · Z/P		<u> </u>	hange Addition
TITLE		☐ DE		6 1 TITLE			Ц¢	usude [] Whambill
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-7IP				64 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 certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Data

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CR2E034 (12/95)