Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□Mo

Not Applicable

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 531434

Suite, Apt. #, etc.

City & State

23

24

Zip

POWERLINE BANANA BOAT, INC.

Country

9. Name and Address of Current Registered Agent

25

BURGESS, GORDON G

Principal Place of Business	Mailing Address
1441 SW 26 AVE POMPANO BEACH FL 33069	1441 SW 26 AVE POMPANO BEACH FL 33069
2. Principal Place of Business	2a. Mailing Address

26

27

28

29

Suite, Apt. #, etc.

City & State

Zip

**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90022 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

04/13/1977 4. FEI Number

-59-1737303

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3100 NE 49TH ST #702				82 Street Address (P.O. Box Number is Not Acceptable)				
FOR	T LAUDERDALE FL 33308		83 🥍 🗡	一种 经分价的 电流电阻	<b>建造中极强强。"</b> "等44%。	To the same of the		
The second second		The second second		The second secon	1 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	O do		
			84 City			Code		
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508; Florida Statutes	the above-named	corporation submits this statement	ent 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 an	d title if applicable (NOTE: R	egistered Agent signature	required when reinstating)	DATE	——		
12.	OFFICERS AND I		13.		S TO OFFICERS AND DIRECTO	DRS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	BURGESS, GORDON G		1.2 NAME	` ~	•			
STREET ADDRESS	3100 NE 49TH ST APT 702		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE, FL 0		1,4 CITY-ST-ZIP					
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME	BURGESS, WILLIAM G.		2.2 NAME					
STREET ADDRESS	3100 N.E. 49TH ST-APT #702	الما الناسب الأستريسي	2.3 STREET ADDRESS			~~~~		
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		2.4 CFTY-ST-ZIP					
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME	BURGESS, MARY F.		3.2 NAME		41	7		
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	·		4. 2 NAME			ļ		
STREET ADDRESS	•		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 6.1 TITLE		☐ Change	Addition		
TITLE	· ·	☐ DELETE			☐ Change			
NAME	,		6.2 NAME		•	(		
STREET ADDRESS			6.3 STREET ADDRESS		,			
CITY, ST. 7ID			6.4 CITY-ST-ZIP	I	į.	- 1		

Country

81 Name

30

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: