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

CORPORATION **ANNUAL REPORT** 



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

1996

579817 **DOCUMENT #** 

(8)

1. Corporation Name

NEW RIVER BOAT CLUB, INC.

BINI REL		ALEN BLAK! I	

Principal Place of Business 3001 STATE RD #84 FT LAUDERDALE FL 33312 Mailing Address

3001 STATE RD #84 FT LAUDERDALE FL 33312

				3a. Date Incorporated or Qualified 07/21/1978 05/01/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2073297	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Sta	ate	City & State		Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Z <sub>I</sub> Ω	Country	8. This corporation has liability for intangib	le tax under s. 199,032,		
24	25	29	30	Florida Statutes  Yes No	)		
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent		
14801	//// DODGOT A		81 Name				
WICKMAN, ROBERT S.			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)			
	RIVERLAND RD.						
į FT. L	LAUDERDALE FL 33312		83				
			84 City		7.0.4		
			64 Oity	F	85 Zip Code		
or regist	nt to the provisions of Sections 607.0502 tered agent, or both, in the State of Flori with, and accept the obligations of, Sect	da. Such change was auth	orized by the corporation's b	poration submits this statement for the purpose of loard of directors. I hereby accept the appointmen	changing its registered office t as registered agent. I am		
SIGNATURE	Signature, typod or printed name of registerest agent	a of the inapplication	INDIE Flogs tered Ages Lisignature re-	pined when renatively DA*	t		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12		
TITLE	P	DELETE	1 1 TITLE		Change Addition		
NAME	WICKMAN, ROBERT S.		1.2 NAME				
STREET ADDRESS			13 STREET ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP				
TITLE	ST	DELETE	2 1 TIFLE		Change Addition		
NAME	BETHEL, A.RONALD		2 2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY - ST - ZIP	MENDEN MA		2 4 CITY - ST - ZIP				
TITLE		DELETE	3 1 1/1/18		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS	5		3.3 SIRFET ADDRESS				
CITY - ST - ZIP			3.4 CITY - S* - ZiP				
TITLE		DELETE	4 1 TifLE		Change Addition		
NAME			4.2 NAME				
STREET ADDRESS	6		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5 1 THE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS	5		5.3 STREET ADDRESS		}		
CITY - ST - ZIP			5 4 CITY - SI - 2IP				
TITLE		DELETE	6 1 TITLE		Change Addition		
NAME			6.2 NAME	,	_		
STREET ADDRESS	3		6.3 STREET ADDRESS	,			
CITY . ST . 719			SACHTY CI TID				

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 signal are 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 or an attachmost with an address.

SIGNATURE: Masy And Welt S. Well signature and typed on Printed Name of Signing Officer on Director

904.584.2500