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 # 579817

NEW RIVER BOAT CLUB, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90121 035 ***150.00



5 / · · · · ·			altina Addance										
Principal Place	of Business		alling Address										
3001 STATE RD #84			3001 STATE RD #84										
FT LAUDERDALE FL 33312		Ħ	FT LAUDERDALE FL 33312					DO NOT WR	ITE IN THIS	SPACE			
							3. Da	ate Incorporated or Qualifed					
							07	7/21/1978				****	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For		
21			26				59	10 £010£01				licable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Ce	5 Cortificate of Status Desired S8.75 Additional					
22			27				Fee Required						
City & State			City & State				1	6. Election Campaign Financing \$5.00 May Be					
23			28				-+-	ust Fund Contribution			ed to Fee	98	
Zip	Country		Zip		ıntry		I	is corporation owes the cur	rent year Inta	ıngible ∐Yes		<u> </u>	
24	25	29	stored Age-4	30]	_			ersonal Property Tax. ame and Address of New	Registered A		١٩٠ نيي	-	
	9. Name and Address of Curre	nt regis	Stered Agent		81	Name	IV. Na	and and Address of New	ragioteiou /	·90.11			
WICH	KMAN, ROBERT S.				82								
2640 RIVERLAND RD.						Street A	Address (P.O.	Box Number is Not Accept	able)				
FT. LAUDERDALE FL 33312													
F 1. L	TAREINALL I CAMIE				83								
					84	City			FL	85	ip Code		
44 0	to the provisions of Sections 607.05	02 and 6	307 1508 Florida State	itee the a	boye	a-named i	compretion er	hmits this statement for the	numose of	changing	its regist	tered	
office or a	to the provisions of Sections 607.03 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florid	da. Such change was	authorized	n hv	the como	pration's board	d of directors. I hereby acce	pt the appoir	tment a	s register	ed	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOT	E: Registered	Agen	t signature re	equired when reinst		DATE			_	
12.	OFFICERS AND DIR					1	ADDITIONS/CHANGES TO OFFICERS A		FICERS AN				
TITLE	P		☐ DELETÉ							☐ Char	ge [_]	Addition	
NAME	WICKMAN, ROBERT S.		1.2 N			1						}	
STREET ADDRESS	2640 RIVERLAND RD.			1.3 \$	1.3 STREET ADDRESS							}	
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CIT		r-ZIP						A statistics	
TITLE	ST		DELETE	2.1 Ti	TLE					☐ Char	ge ∐	Addition	
NAME	BETHEL, A.RONALD		22 N										
STREET ADDRESS					2.3 STREET ADDRESS							ł	
CITY-ST-ZIP	MENDEN MA					T-ZIP			,	<u>-</u>		Addition	
TITLE	•		☐ DELETE	3.1 TI			57		· -	☐ Char	ige 🗂	Маакооп	
NAME				3.2 N			MARY	m. WICK	MAN	89	,		
STREET ADDRESS						ADDRESS	5001	M. WICK STATE R LAUDER	CO /+ O		/. 3:	33/2	
CITY-ST-ZIP				_	ITY-S	T-ZIP	FORT	LAUDER	DAIE				
TITLE			☐ DELETE	4.1 TI	TLE					Char	ige 📋	Addition	
NAME				4. 2 N	AME								
STREET ADDRESS				4.3 8	TREET	ADDRESS							
CITY+ST-ZIP					ITY-S	Γ-ZIP	-1-1-					La autore	
TITLE			☐ DELETÉ	5.1 TI						Char	ige 🗀	Addition	
NAME				5.2 N									
STREET ADDRESS				5.3 S	TREET	ADDRESS						ļ	
CITY-ST-ZIP					∏Y-S1	Γ-ZIP							
TITLE			☐ DELETE	6.1 T		Ţ				Char	ige 🗌	Addition	
NAME				6.2 N	AME								
STREET ADDRESS	•			6.3 S	TREET	ADDRESS						1	
CITY OT 71B				6.4 C	ITY-S	T-ZIP						1	

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 conforation 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.