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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 583499

(9)

SHOE BOAT, INCORPORATED

**FILED** Jan 23 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address		_		- I INGIDS BITAT TANGÓ TISIT ATRIÐ TANDÍ TANDÍ TANDÍ BIÐIT ATÐIT ATÐIT ATÐIT ATÐIT ATÐIT ATÐIT ATÐIT TAÐI			
9131-7 COLLEGE PKWY. FT MYERS FL 33919		9131-7 COLLEGE PKWY. FT MYERS FL 33919-5803							
TI MILIO IC	55015	1. 472.10 12 0000				3. Date Incorporated or Qualified 08/28/1978		ite of Last	Report
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21 Suite, Apt	# etc	Suite, Apt. #, etc.			59-1841460 Not Applicat  \$8.75 Additional				
22	n. 0.00	27			5. Certificate of Status Desired			Required	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be				
23	Country	Zip Country				Trust Fund Contribution			to Fees
Z(p <b>24</b>	25	29	30	אווונו אי		8. This corporation has liability for in Florida Statutes	ntangible Yes [		s. 199.032,
[4]	9. Name and Address of Curre		1301	Τ-		10, Name and Address of New Re			
HAI	BERG, JOAN			81	Name			_ <del></del>	
13684 RALEIGH LN.,I1				-	Caraci Adid	coo (D.O. Bay Number is Not Assessed			
	MYERS FL 33904		82 Street A			ress (P.O. Box Number is Not Acceptab	e)		
				83					
				84	City			<b>85</b> Zij	Code
				**	City		FL	05 21	Code
SIGNATURE		ID DIRECTORS	OTE: Registere		nt signature requi	ized when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS ANI	DIRECTO	ORS IN 12
TITLE	PTD	DELETE	11 Ti	ITLE				Change	Additio
NAME	HALBERG, EDWARD		12 N	AME					
STREET ADDRESS			1.3 \$	TREET	ADDRESS				
CITY-ST-7P TITLE	FT MYERS FL VSD	DELETE		ITY - ST	r-ZIP			Change	Additio
NAME	HALBERG, JOAN		2.1 TO 2.2 N		İ			CHange Lui Change	LI Madilly
STREET ADDRESS	JOOG BALCIOUS AND MA				ADDRESS				
CITY - ST - ZIF	FT MYERS FL			CITY-S					
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NAME			3.2 N	AME					
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NAME			52 N	AME					
STREET ADDRESS			538	TREET	address				
CITY-SI-7/2			5.4 C	ITY-ST	I - ZIP			<b></b>	
TITLE		DELETE	6.1 T	ITLE				Change	Additio
NAME			6.2 N		1				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIF	1		640	HTY-ST	r-ZIP				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this semant appoint or supplemental applied 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 corresponding or the receiver of 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 adjustment with an address.

SIGNATURE: