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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio		(9)							
BELOW DECKS, INC.									
Principal Place of Business Mailing Address				:				II B <u>łoł</u> ł didił didii	BIEII IVAI
4905 34TH ST SOUTH 4905 34TH ST SOU									
SUITE 296		SUITE 296							
St. Petersbui US	RG FL 33711	ST. PETERSBURG FL 337 US	11-4511			3. Date Incorporated or Qualified	1 3.	Date of Last F	Papart
00						10/16/1981		4/09/1996	Юроц
2. Principal Place of Business 2		2a. Mailing Address	2a. Mailing Address				pplied For		
21		26			1			ot Applicable	
Suite, Apt	Suite, Apt. #, etc.	Apt. #, etc.			5. Certificate of Status Desired	П		Additional	
22		27				Certificate of Status Desired		Fee R	equired
City & Stat	le	City & State				6. Election Campaign Financing			May Be
23	Country	28 Zip	Count			Trust Fund Contribution			to Fees
Zip 24	25	29	30	y		8. This corporation has liability for Florida Statutes		ble tax under s	s. 199.032,
[24]	9. Name and Address of Currer		130			10. Name and Address of New Re			
RUG	IG. HALLIE ROGERS		В	1 Na	me		-		
4905 34TH STREET SOUTH			B	2 Stre	eet Addre	ess (P.O. Box Number is Not Acceptal	ole)		
SUITE 296 ST. PETERSBURG FL 33711			В	3					
			В	4 Cit	<i>,</i>			. 85 Zip	Code
							F		
11. Pursuant office or i agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change was ations of, Section 607.0505. I	utes, the abo s authorized t Florida Statut	ve-nan by the es.	ned corp corporati	oration submits this statement for the pon's board of directors. I hereby acce	ourpose pt the a	e of changing in appointment as	ls registered registered
SIGNATURE									
12,	Signal.ire, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			TE Registered Agent signature requi		ed when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE		RS IN 12
THLE	PST DELETE			1 1 TITLE		ADDITIONO/OFFICIALES TO OFFI	JEMO 7	Change	Addition
NAME	RUGG, HALLIE R		1	1.2 NAME					_
STREET ADDRESS	207 SOUTH LIBERTY ST.		1.3 STRE	et addre	:ss				
CITY-ST-ZIP	CENTREVILLE MD		1.4 CITY						
THILE	D	☐ DELETE	21 TITLE					Change	Addition
NAME	RUGG, HALLIE R		2.2 NAM						
STREET ADDRESS	207 SOUTH LIBERTY STREET		2.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP	CENTREVILLE MD		2. 4 CITY						
TITLE	VP	☐ DELETE	3 1 TITLE					L Change	Addition
NAME	RUGG, DAN M.		3.2 NAME						
STREET ADDRESS	207 SOUTH LIBERTY STREET CENTREVILLE MD		3.3 STRE		:58				
CITY-ST-ZIP TITLE	VCITINEVILLE MU	DELETE	3.4. CITY 4.1 TITLE					Change	Addition
NAME		perit	4. 2 NAM						
STREET ADDRESS			4.2 NAN		ess				
CITY-ST-ZIP	•		4.4 CITY						
TIFLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	T ADDRE	:SS				
CITY - ST - ZIP			5.4 CITY	ST-ZIP					
TIFLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
Name			6.2 NAM6						
STREET ADDRESS			6.3 STREE	ET ADDRE	SS				
CITY - ST - ZIP	1		6.4 CITY	ST- 7IP	1]

14. I do 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.