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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77677

(5)

FILED Apr 14 1998 8:00am Secretary of State

RYCO MARINE CUSTOM BO	DAT WORKS, INC.			
Principal Place of Business Mailing Address 8355 GARDEN RD SUITE B RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404		Afra	DO NOT WRITE IN T	
NINEUM DENOM PL 33404	NIVIENA DEACH LE 33	404	3. Date Incorporated or Qualified	HIS SPACE
2. Principal Place of Business	2a, Mailing Address	THE PART AND A SECOND S	04/26/1982 4. FEI Number	Applied For
Suite, Apt. #, etc.	26		59-2184051 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country	7(p	Country	Trust Fund Contribution 8. This corporation owes or has paid the	
24 25 9. Name and Address o	29 Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	X Yes No
EVANS, ROBERT M.		81 Name	The state of the s	
8355 GARDEN RD Suite B		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
RIVIERA BEACH FL 33404		83		
		84 City		B5 Zip Code
Pursuant to the provisions of Sections office or registered agent or both, in the agent, i am familiar with, and accept the SIGNATURE Structure typed or printed name of registered.	he obligations of, Section 607.0505, F	lorida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	
12. OFFIC	FRS AND DIRECTORS	TE: Registered Agent signature requi	and when roinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE VPS NAME EVANS, ROBERT M.	DELETE	1.1 TOTLE		Change Addition
STREET ADDRESS 941 WESTWIND DRIVE	E	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP N. P. BCH FL	-	1.4 CITY-ST-7IP		
TITLE PT	DETETE	2.1 117.LE		Change Addition
NAME RYBOVICH, MICHAEL 4322 GOLFER'S CIRC	a F F	2 2 NAME		
STREET ADDRESS 4322 GOLPER'S CIRC		2.3 STREET ADDRESS 2.4 CHY-ST-710		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP		3.3 STREET ADDRESS		
TITLE	DOLETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		Change Addition
NAME .		4. 2 NAME		
STREET ADDRESS .		4.3 STREET ADDRESS		
C(TY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME	☐ mmit	5.1 TITLE 5.2 NAME		TI Angular
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CHY-SI-7IP		1
TITLE	□ DELETE	6 1 THUF		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP for the exemption stated in		

14. 1 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 aurual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 only in attaching t with an address.

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