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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9300005760 (4) DOCUMENT #

WELLCRAFT MARINE CORP.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											i igalisa inte peres une sarai seru			. .	
100 SOUTH 5TH ST., STE. 2400 100 SOUTH 5TH ST., STE.															
MINNEAPOLIS MN 55402					MINNEAPOLIS MN 55402						55.1157.1150				
											DO NOT WRITE IN THIS SPACE				
											 Date Incorporated or Qualified 12/20/1993 				
2.	Principal Pi	ace of Busin	ness	2	a. Maili	ing Address	,.,.				4. FEI Number			Applied For	
21					26						36-3924056			Not Applicab	le
	Suite, Apt.	e, Apt. #, etc.				, Apt. #, etc.					5. Certificate of Status Desired			5 Additional	
22					<u>'</u>						C. Delinicate of Status Business		Fee	Required	
_	City & State	ate			City & State						6. Election Campaign Financing	_		0 May Be	
23	<u> </u>				28						Trust Fund Contribution			ed to Fees	_
$\overline{}$	Zip	Country			├ ─¹ ` ├ ─			ıntry			8. This corporation owes or has	_			
24		25 8. Name and Address of Current			[29] 30]				Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent				Yes	☐ No	_
	OT.		ATION SYSTEM	ıı n u ş	Jistereu	Agein		81	Name		10. Name and Address of New I	agistored :	- yent		
								["]	THATTIC	,					
1200 SOUTH PINE ISLAND ROAD								82	Street	Addres	s (P.O. Box Number is Not Accept	able)	_	****	
PLANTATION FL 33324								83				_			
								03							
								84	City			FL	85 Z	ip Code	
44	Purcuant t	o the provis	ions of Sections 607 050	2 200	607 15	08 Elorida Statu	es the a	hove	-name/	d cornor	ation submits this statement for the	nurnose of	changin	n its registere	7
	office or re agent. I ar	e giste red ag m fa miliar w	gent, or both, in the State ith, and accept the obliga	of Flo ations	orida Su of, Sec	ich change was Iron 607.05 0 5, Fl	authorize orida Sta	d by tutes	the co	rporatio	ation submits this statement for the n's board of directors. I hereby acc	ept the app	ointment	as registered	۱
SIC	NATURE .														₋│
Signature, typed or printed name of registered agent and tille if applicable (NOTE: Re								d Age	nt signatu	re required	when reinstating)	DATE	DIDEOT	000 111 40	j
12. titl		DVP	OFFICERS ANI	D DIR	FUTUR	S DELETE	13.	TI E		Nia	ADDITIONS/CHANGES TO OFF	ICERS AND	Chang		,
			er, roger r II				1.2 N			0.00	T DAGE CALL			to MENG PROGRA	"
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	STREET ADDRESS 100 SOUTH FIFTH ST., STE. 24			2400	\A				ADDRESS	110 €	I WHITFIELD A	V.			
	CITY-ST-ZIP MINNEAPOLIS MN				2.40					C 0.1	RASOTA FL	e de la companya de l			
TITL		DVP				DELETE	3.1 TI		11-21	30			Chang	e Additio	on
NAM	- 1		LL, WILLIAM				3.2 N							· · · · · · · · · · · · · · · · · · ·	.
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NAA			INELL, MARY P				4.21								
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NAN			IAN, STEVE A				6.2 N							-	
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	-ST-ZIP	SARAS(ITY-S		1					
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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 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 chapter on an attachment with an address.