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

FILED Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (7)SALERNO BOAT WORKS, INC. Principal Place of Business Mailing Address 4800 SE ANCHOR AVE P.O. BOX 266 PORT SALERNO FL 34992 PORT SALERNO FL 34992 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1983 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-2273147 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes 29 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BAUSCH, CHARLES Name 4800 SE ANCHOR AVE Street Address (P.O. Box Number is Not Acceptable) PORT SALERNO FL 34992 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELFTE Change TITLE 1 1 TITLE **BAUSCH, CHARLES** 1.2 NAME NAME 5100 SW 61 DR 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY - ST-ZIP SD DELETE Change Addition 2 1 IIILE BAUSCH, CYNTHIA M NAME 2.2 NAME 5025 SW 61ST DR STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CITY - SI - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3 4. CITY - ST - ZIP DELETE Addition 4.1 1111. TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5 1 111LF 52 NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 61 TITLE

14. Thereby 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 suppliemental 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 frustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attrichment with an address SIGNATURE: (mother Princh - Cynthin BAUSCH (561)283-2771

62 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS