FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

G65476

(5)

DOCUMENT # BOAT MASTER ALUMINUM TRAILERS, INC. Principal Place of Business Mailing Address 12301 METRO PARKWAY 12301 METRO PARKWAY FT MYERS FL 33912



		FT MICHS FL 33912			
				3. Date Incorporated or Qualified 10/10/1983	3a. Date of Last Report 03/07/1995
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2355367	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	<u></u>
23		28		Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25 25 C. Norman and Add	29	30	Florida Statutes	□No
	9. Name and Address of Curre	nt Hegistered Agent		10. Name and Address of New F	egistered Agent
ISLEY F	r. David		81 Name		
	METRO PARKWAY		82 Street Add	dress (P.O. Box Number is Not Acceptab	اها
	RS FL 33912		<u> </u>	- the state of the	···
· · · · · · · · · · · · · · · · · · ·	1016 33312		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508. Florida Statute	es the above paged corne	oration submits this statement for the pur	FL 85 Zip Code
or register familiar wil	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorize	ed by the corporation's boa	pration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	Signature typed or ported name of registerics agos				- 0
12.		ID DIRECTORS	TE: Registered Agent signature require		DATE
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAME	isley, Joseph K.	Batter			Change Addition
STREET ADDRESS	12301 METRO PKWY.		1.2 NAME		
City-St-Zip	FT MYERS FL		1.3 STREET ADDRESS		
Title	D	[] DELETE	1.4 C/TY - ST - Z.P		
NAME	isley, Christopher A.		2 1 T:TLF		Change Addition
STREET ADDRESS	12301 METRO PKWY.		2 2 NAME		
CITY-ST-ZIP	FT MYERS FL		2.3 STREET ADDRESS		
TITLE	SD	DELETE	3 1 TITLE		
N4ME	isley, r david	_ precit	I i		Change
STREET AUDRESS	12301 METRO PKWY.		3.2 NAME		
CITY-S1-ZP	FT MYERS, FL 00000		3.3 STREET ADDRESS		
TiTLE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		
NAME		- vector	4 1 1112F 4 2 N4ME		Change Addition
STHEET ADDRESS					
CiTY-ST-ZiP			4.3 STREET ADDRESS		
TITLE		DELETE	4 4 CITY - ST - ZIF 5 1 TITLE		
NAME			5 2 NAME		Change Addition
STREET ADDRESS					
CHY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		□ DELETE	5 4 CrTY+ST+ZIP 6 1 TiffLE		
NAME		beech			Change 🔲 Addition
STREET ADDRESS			6.2 NAME		,
City-St-zip			6 3 STREET ADDRESS		
	certify that the information supplied v	1911 415 2 Company	6.4 CITY - ST - ZIP		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR