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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J25725

(9)

1. Corporation Name

RISA BOAT COMPANY

Principal Place of Business

265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480

Mailing Address

265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480-3812



3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MINTMIRE, DONALD F ESQ.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480

4. FEI Number

65-0409655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	MINTMIRE, DONALD F	265 SUNRISE AVE., #204	PALM BEACH FL 33480	<input type="checkbox"/>
ST	SAFRAN, PAUL JR.	265 SUNRISE AVE., #204	PALM BEACH FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1E	1.2E	1.3E STREET ADDRESS	1.4-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1E	2.2E	2.3E STREET ADDRESS	2.4-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1E	3.2E	3.3E STREET ADDRESS	3.4-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1E	4.2E	4.3E STREET ADDRESS	4.4-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1E	5.2E	5.3E STREET ADDRESS	5.4-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1E	6.2E	6.3E STREET ADDRESS	6.4-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)