

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

FILED

**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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
07/24/1986

3a. Date of Last Report
03/14/1996

4. FEI Number
65-0409655

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

9. Name and Address of Current Registered Agent
**MINTMIRE, DONALD F ESQ.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature of director or principal officer of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2E	
1.3E STREET ADDRESS	
1.4E-ST-ZIP	
2.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1E	
2.2E STREET ADDRESS	
2.Y-ST-ZIP	
3.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1E	
3.2E STREET ADDRESS	
3.Y-ST-ZIP	
4.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1E	
4.2E STREET ADDRESS	
4.Y-ST-ZIP	
5.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1E	
5.2E STREET ADDRESS	
5.Y-ST-ZIP	
6.E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1E	
6.2E STREET ADDRESS	
6.Y-ST-ZIP	

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 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 changed, in an attachment with an address.

SIGNATURE: _____ **1-6-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)