


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

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90032 047 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K14151

1. Corporation Name
CUSTOM BOAT TRANSPORTERS, INC.

Principal Place of Business 19889 SW 280 ST MIAMI FL 33031 US	Mailing Address 19889 SW 280 ST MIAMI FL 33031 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19889 SW 280 ST Suite, Apt. #, etc.		2a. Mailing Address 26 19889 SW 280 ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/26/1988	
22 City & State 23 HOMESTEAD, FL Zip 33031 Country DADE		27 City & State 28 HOMESTEAD, FL Zip 33031 Country DADE		4. FEI Number 65-0056739 Applied For Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BONURA, VICTOR
19889 SW 280 STR
MIAMI FL 33031

10. Name and Address of New Registered Agent

81 Name	MARY BONURA
82 Street Address (P.O. Box Number is Not Acceptable)	19889 SW 280 STREET
83	
84 City	HOMESTEAD FL
85 Zip Code	33031

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 Mary Bonura MARY BONURA - SEC DATE 4/14/99
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONURA, VICTOR	1.2 NAME	RIOS, MICHAEL
STREET ADDRESS	19889 SW 280 STR	1.3 STREET ADDRESS	1564 NW 20 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONURA, MARY	2.2 NAME	SCHMIDINGER, LAURA
STREET ADDRESS	19889 SW 280 STR	2.3 STREET ADDRESS	19889 SW 280 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, MICHAEL	3.2 NAME	
STREET ADDRESS	1564 NW 20TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, DEBORAH	4.2 NAME	
STREET ADDRESS	1564 NW 20TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Bonura MARY BONURA DATE 4/14/99 DAYTIME PHONE # 305-245-4524
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR