

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

APPROVED
AND
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10/2

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham
		Secretary of State DIVISION OF CORPORATIONS

98 JUN 19 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23198 (0)
1. Corporation Name
FORTY THREE BOAT CORP.



Principal Place of Business 3232 S.E. DIXIE HWY. STUART, FL 33494	Mailing Address 3232 S.E. DIXIE HWY. STUART, FL 33494
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1988	
21 Suite, Apt #, etc	26 Suite, Apt #, etc	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SATUR, DAVID 867 KUBIN BLVD. JENSEN BEACH, FL 34957		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATUR, DAVID	1.2 NAME	
STREET ADDRESS	867 KUBIN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATUR, KAREN	2.2 NAME	
STREET ADDRESS	867 KUBIN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: _____

David. Satur

442200

CR2E034 (10/97)

June 16 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir:

Enclosed please find my filing for annual report and check for \$150.00.
Sorry this is late, but circumstances prevented me from mailing this on time.

My husband did sign this and give it to me to pay and mail. Along that same time I was ill for a few days and somehow got this form misplaced. Since I had already paid my regular monthly bills, I did not think of this again. A short while later my mother-in-law suddenly got sick and was hospitalized and then transferred to intensive care for ten days. She almost died and since her other children live out of state, I was the one who had primary responsibility for her care. When she left the hospital, she stayed with me for several weeks until she was able to go home last week. She had to check her blood twice a day and take insulin shots due to diabetes and since she is very nervous and insecure about everything, I was on call constantly.

Consequently, I never gave this report a thought until it was too late. Since my husband changed jobs and has been traveling a lot, he was not around to check to see that I had mailed this when I was supposed to. I hope that you will take these circumstances into consideration. Definitely, this will not happen again.

Respectfully,


Karen Satur