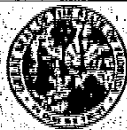


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PH 1:57

DOCUMENT # K86871 (6)

1. Corporation Name:

BOAT-OP, INC.

Principal Place of Business

**% JOAN M. KUNTZ
1801 NW 43RD ST
OAKLAND PARK FL 33309**

Mailing Address

**% JOAN M. KUNTZ
1801 NW 43RD ST
OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 05/05/1989	3a. Date of Last Report 06/07/1994
4. FEI Number 65-0118574	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**KUNTZ, JOAN M.
1801 NW 43RD ST
OAKLAND PARK FL 33309**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	KUNTZ, WILLIAM B.	1.2 NAME	
STREET ADDRESS	1801 NW 43RD ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK FL	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HUBER, TERRI K.	2.2 NAME	
STREET ADDRESS	5751 PINE TERRACE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HUBER, RYAN	3.2 NAME	
STREET ADDRESS	5751 PINE TERRACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL	3.4 CITY- ST- ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, BRIAN	4.2 NAME	
STREET ADDRESS	7180 S.W. 6TH STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terri K. Huber Terri K. Huber, Treas.

2-27-95 (305)584-8114

Date

Daytime Phone #