

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

FILED

Mar 13 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 # 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

C/O HUBER, T.  
5751 PINE TERRACE  
PLANTATION FL 33317-1926  
US

3. Date Incorporated or Qualified  
05/05/1989

3a. Date of Last Report  
05/24/1996

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

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

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 of person filing this statement (if not a director or officer, then not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | DS                   | <input type="checkbox"/> DELETE |
| NAME            | KUNTZ, WILLIAM B.    |                                 |
| STREET ADDRESS  | 1801 NW 43RD ST      |                                 |
| CITY - ST - ZIP | OAKLAND PARK FL      |                                 |
| TITLE           | T                    | <input type="checkbox"/> DELETE |
| NAME            | HUBER, TERRI K.      |                                 |
| STREET ADDRESS  | 5751 PINE TERRACE    |                                 |
| CITY - ST - ZIP | PLANTATION FL        |                                 |
| TITLE           | V                    | <input type="checkbox"/> DELETE |
| NAME            | HUBER, RYAN          |                                 |
| STREET ADDRESS  | 5751 PINE TERRACE    |                                 |
| CITY - ST - ZIP | PLANTATION FL        |                                 |
| TITLE           | P                    | <input type="checkbox"/> DELETE |
| NAME            | WEBB, BRIAN          |                                 |
| STREET ADDRESS  | 7180 S.W. 6TH STREET |                                 |
| CITY - ST - ZIP | PLANTATION FL        |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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 contained 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:

*Terrik Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

(954) 584-8114

Date

Daytime Phone #

CR2E034 (9/96)