

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90127 020 ***150.00

DOCUMENT # K87894

1. Corporation Name

PREMIUM PARASAIL BOATS, INC.

Principal Place of Business

928 NE 24 LA RT 4
CAPE CORAL FL 33909

Mailing Address

928 NE 24 LA RT 4
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1989

4. FEI Number

65-0131765

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBBS, GILBERT
1721 SE 43RD ST.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name GIBBS, GILBERT
82 Street Address (P.O. Box Number is Not Acceptable)
2306 SW 54th ST.
83
84 City CAPE CORAL FL 85 Zip Code 33914

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VANDERLAAN, GREGORY C.	
STREET ADDRESS	1665 AINAKEA ROAD	
CITY-ST-ZIP	LAHAINA HI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANDERLAAN, RICHARD S.	
STREET ADDRESS	1665 AINAKEA ROAD	
CITY-ST-ZIP	LAHAINA HI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GIBBS, GILBERT	
STREET ADDRESS	1721 SE 43 ST	
CITY-ST-ZIP	CAPE CORAL FL	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIBBS, GILBERT	
1.3 STREET ADDRESS	2306 SW 54th ST.	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VANDERLAAN, GREGORY C.	
2.3 STREET ADDRESS	1665 AINAKEA RD	
2.4 CITY-ST-ZIP	LAHAINA, HI 96761	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VANDERLAAN, RICHARD S.	
3.3 STREET ADDRESS	1616 CAPE CORAL PKWY. #207	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/99

941 4581858

CR2E034 (11/98)