SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 20 PM 2:28

DOCUMENT # **L47239** **(3)**

1. Corporation Name
QUALITY BOAT LIFTS, INC.

Principal Place of Business	Mailing Address
C/O KARL JAMES, L 975 N COLLIER BLVD MARCO ISLAND FL 33937 US	C/O KARL JAMES, L 975 N COLLIER BLVD MARCO ISLAND FL 33937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1990	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0175059	☐ 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
7. This corporation has liability for intangible tax (refer to 199.032 Florida Statutes) ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

9. Name and Address of Current Registered Agent

KARL JAMES
975 N COLLIER
MARCO ISLAND FL 33937

James Pinkerman
1661 Balmoral Lane
Inverness, IL 60067

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: James Pinkerman JAMES PINKERMAN 6-13-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PINKERMAN, JAMES	12 NAME	
STREET ADDRESS	1661 BALMORAL LANE	13 STREET ADDRESS	
CITY ST ZIP	INVERNESS IL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	PINKERMAN, KAREN	22 NAME	
STREET ADDRESS	1661 BALMORAL LANE	23 STREET ADDRESS	
CITY ST ZIP	INVERNESS IL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PINKERMAN, KAREN	32 NAME	
STREET ADDRESS	1661 BALMORAL LN	33 STREET ADDRESS	
CITY ST ZIP	INVERNESS IL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 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: Karen Pinkerman 6-13-95 708-537-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KAREN PINKERMAN EX 121

0107410 CP

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AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L48004** **(0)**

1. Corporation Name

APACHE FLYING CLUB, INC.

Principal Place of Business	Mailing Address
100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE FL 33309 US	100 W CYRESS CREEK RD STE 700 FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 6350 N. Andrews Ave
Suite, Apt. #, etc. 22: Suite 100
City & State 23: Ft. Lauderdale
Zip 24: 33309 Country 25: U.S.

2a. Mailing Address
26: 6350 N. Andrews Ave
Suite, Apt. #, etc. 27: Suite 100
City & State 28: Ft. Lauderdale, Fl.
Zip 29: 33309 Country 30: U.S.

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

GERRITS, ANDREW T.
100 W CYPRESS CREEK
SUITE 700
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Andrew T. Gerrits
82 Street Address (P.O. Box Number is Not Acceptable): 6350 N. Andrews Ave.
83: Suite 100
84 City: Ft. Lauderdale FL 85 Zip Code: 333089

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. Amendments		
TITLE	P	11 TITLE	☒ Change ☐ Addition	
NAME	PACE, JAMES G	12 NAME	delete	
STREET ADDRESS	7501 PEMBROKE RD	13 STREET ADDRESS		
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP		
TITLE	VPS	21 TITLE	☐ Change ☐ Addition	
NAME	MOLCHO, HAIM	22 NAME		
STREET ADDRESS	7501 PEMBROKE RD	23 STREET ADDRESS		
CITY ST ZIP	PEMBROKE PINES FL	24 CITY ST ZIP		
TITLE	DVT	31 TITLE	DP	☒ Change ☐ Addition
NAME	GERRITS, ANDREW T	32 NAME	GERRITS, ANDREW T.	
STREET ADDRESS	100 W CYPRESS CREEK RD	33 STREET ADDRESS	6350 N. ANDREWS AVE. #100	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	FT. LAUDERDALE FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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SIGNATURE: Andrew T. Gerrits 6/15/95 (305) 938-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrew T. Gerrits

0072091 CP