

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64877** (8)
1. Corporation Name
INFLATABLE BOATS OF THE FLORIDA KEYS, COMPANY



Principal Place of Business
**2601 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address
**2601 OVERSEAS HIGHWAY
MARATHON FL 33050**

2. Principal Place of Business
21. Subst. Apt. # etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Subst. Apt. # etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified
04/09/1990

3a. Date of Last Report
02/08/1995

4. FET Number
65-0200953

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

**PAUL FERDENZI
2601 OVERSEAS HWY.
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE
TITLE	DPT	FERDENZI, PAUL	2601 OVERSEAS HWY	
NAME			MARATHON FL	
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE						
2. NAME						
3. STREET ADDRESS						
4. CITY-STATE-ZIP						
5. DELETE						
6. CHANGE						
7. ADDITION						
1. TITLE						
2. NAME						
3. STREET ADDRESS						
4. CITY-STATE-ZIP						
5. DELETE						
6. CHANGE						
7. ADDITION						
1. TITLE						
2. NAME						
3. STREET ADDRESS						
4. CITY-STATE-ZIP						
5. DELETE						
6. CHANGE						
7. ADDITION						

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)(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 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 or is changed, or is an addition, with an address.

SIGNATURE:

Paul Ferdenzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL FERDENZI

2-23-96

305-743-7815

CR2E034 (12/95)