

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:31

DOCUMENT # **L69674 (4)**

1. Corporation Name
SIDEWINDER BOAT LIFTS, INC.



Principal Place of Business: **967 NE INDUSTRIAL PK JENSEN BEACH FL 34957 US**
Mailing Address: **C/O CHARLIE M. KEIBLER P O BOX 1449 JENSEN BEACH FL 34958**

3. Date Incorporated or Qualified: **04/30/1990**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business: **967 N.E. Industrial Park**
21. Suite, Apt. #, etc.:
22. City & State: **Jensen Beach, FL.**
23. Zip: **34957** Country: **U.S.**

4. FEI Number: **65-0203629**
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
**KEIBLER, CHARLIE M.
3641 NE SUGARHILL AVE
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81. Name: **C. E. Nourse**
82. Street Address (P.O. Box Number is Not Acceptable): **701 N. Federal Hwy Ste 207**
83. City & State:
84. City: **Stuart** State: **FL** Zip Code: **34984**

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]* **C. E. Nourse** DATE: **5-8-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEIBLER, RICHARD C.	
STREET ADDRESS	3641 N.E. SUGAR HILL AVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEIBLER, CHARLIE M.	
STREET ADDRESS	3641 N.E. SUGAR HILL AVE	
CITY-ST-ZIP	JENSEN BEACH 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. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Laing, John	
3. STREET ADDRESS	2847 S.E. Pace Drive	
4. CITY-ST-ZIP	Port St. Lucie, Fl. 34984	
5. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Laing, Terri	
7. STREET ADDRESS	2847 S.E. Pace Drive	
8. CITY-ST-ZIP	Port St. Lucie, Fl. 34984	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96 (407) 334-7025

CR2E034 (12/95)