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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L84521

(8)

DLD BOAT, INC.

Principal Place of Business Mailing Address % DAVID L. D'ONOFRIO % DAVID L D'ONOFRIO 2506 BARCELONA DR 2506 BARCELONA DR

FILED

Jan 15 1998 8:00am

Secretary of State

FT LAUDERDALE FL 33301 FT LAUDERDALE FL :		FL 33301			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 07/02/1990		
Principal Place of Business		ess			4. FEI Number		Applied For	
21		26				65-0205084		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	—			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	istered A	gent
	NOFRIO, DAVID L.			81	Name			
2506 BARCELONA DR FT LAUDERDALE FL 33301			82	Street Address (P.O. Box Number is Not Acceptable)				
	•			83				
				84	City		FL	85 Zip Code
office or reg agent 1 am	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obl	ite of Florida. Such chang	ge was authorize	d by	the corporat	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of the appo	changing its registered introduced introduce
SIGNATURE								

Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE __ Change Addition D'ONOFRIO, DAVID L. NAME 1.2 NAME 2506 BARCELONA DR STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY - ST~ ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 (Chapter 607).

SIGNATURE:

(१५५) ४२७- १३५५