2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

97 AUG 15 AM 8: 46

	100		51.50			OH / MIONE	_	j	SECRET	ARY OF	SIAIC	
FILING		al Report \$100.00 + \$103.7	5 Corporation	n Supple	mental Fee +	\$385.00 Late	Fee	Ī	SECRET TALLAHA	ISSEE, F	LOHIDA	
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE												
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000584												
WIMMVIINING DONG I O								1a. Principal Place of Business Address				
KITTYHAWK BOAT L.C. 1634 MAIN STREET								1624 MAIN CODEED				
								1634 MAIN STREET SARASOTA FL 34236				
SARASOTA FL 34236								BARASOIR FII 34230				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.												
2 Dringing Diago of Dringing								3. Date Organiz	ed or Qualified	3a. State	of Formation	
L P.U				0. Boy 3319 t #, etc.				05/23/19	96	FL		
Suite, Apt. W, etc. Suite, A			Suite, Apt	t #, etc.				4. FEI Number				
							Applied For					
City & State City & Sta							65-06	84751	,	Not Applicable		
<u> </u>			WALL.	LASOTA, FL.				5. Date of Last I			ate of Status Desired	
Zip	Zip Country Zip			4230 Country				\$8.75 Additional Fee			tional Fee Regulred	
(			090									
	7. Name	and Address of Current I	Registered A					8. Name and Address of New Registered Agent				
FAMIGLIO, GEORGE V JR 1634 MAIN STREET						Name						
					Street Address (			P.O. Box Number is Not Acceptable)				
SARASOTA FL 34236					Oliter Address (			- ,				
BARASOIR FE 54250				Suite, Apt. #, etc.			3000022 <b>7</b> 22232 08/20/9701060010					
							****588.75 ****588.75					
					City			Zip Code				
								FL				
9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members I hereby accept the appoint										ccept the appointment		
as registered agent, and accept the obligations												
SIGNATU	IRE .			DATE S//	11	<b>/</b>						
10. Title Managing Members/Managers				Business Street Address				City, State and 2				
10. 1109	- Mar	aging Members Managers	<u>/</u>		Busine	SS Street Add	ress		/ City,	State and 2	Zip Code	
			4									
MEM	M. OLIVIA CORP.,			POST OFFICE BOX 3319			.9	SARASOTA FL				
MEM	MOBY L.P.,			OST OFFICE BOX 331			9 SARASOTA F					
MEM	MCCOMB, WILLIAM .			 <del>2828 SOUTH TAMIAMI TR</del>				TRAIL	NAIL SARASOTA FL			
nor M	CARACA	JA MARINE	٠	Orca	MESTAL	n.cov	22	10	C 6 10 10 C m	a C		
MEM	M SARASOTA MARINE PERFORMANCE, INC.			POST Office BOX 33			19 SARASO		<b>⊮</b> ⊬ 1-1 (			
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my same appears in Block 10, or on an