

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83388** (2)

1. Corporation Name
SPORTLINE POWERBOATS, INC.

Principal Place of Business
**% N. SANDY KONIGSBERG
9900 W. SAMPLE ROAD, SUITE 400
CORAL SPRINGS FL 33065**

Mailing Address
**% N. SANDY KONIGSBERG
9900 W. SAMPLE ROAD, SUITE 400
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1988** 3a. Date of Last Report **05/27/1994**

4. FEI Number **65-0102502** 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

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

9. Name and Address of Current Registered Agent
**KONIGSBERG, N. SANDY
9900 W. SAMPLE ROAD, SUITE 400
CORAL SPRINGS FL 33065**

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	YOUNG, PETER
STREET ADDRESS	12847 NW 19TH AVE
CITY - ST - ZIP	OPA LOCKA FL
TITLE	VS
NAME	FREYRE, CARLOS
STREET ADDRESS	13847 NW 19TH AVE
CITY - ST - ZIP	OPA LOCKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOUNG, PETER
1.3 STREET ADDRESS	390 NE 156 ST
1.4 CITY - ST - ZIP	MIAMI, FL 33162
2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FREYRE, CARLOS
2.3 STREET ADDRESS	10414 NW 27th Ave
2.4 CITY - ST - ZIP	MIAMI, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Peter L. Young **Peter L. Young** 4/28/95 **305-945-0914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date