

**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

DOCUMENT # **M99899** (0)

1. Corporation Name  
**FLORIDA WATERCRAFT, INC.**



Principal Place of Business: 177 NORTH CAUSEWAY, 177 NORTH CAUSEWAY, NEW SMYRNA BEACH FL 32169 US  
Mailing Address: 177 NORTH CAUSEWAY, NEW SMYRNA BEACH FL 32169 US

3. Date Incorporated or Qualified: 09/22/1988  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2912099  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: POOLE, SCOTT C., 529 CADAREDEGE DR, NEW SMYRNA BEACH FL 32168  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V POOLE, ROSS A. [ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	POOLE, ROSS A.	1.2 NAME	POOLE, ROSS A.
STREET ADDRESS	232 N RIDGEWOOD AVE, #30	1.3 STREET ADDRESS	4701 HICKORY GROVE LANE
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	PORT ORANIE, FL 32124
TITLE	P POOLE, SCOTT C. [ ] DELETE	2.1 TITLE	[X] Change [ ] Addition
NAME	POOLE, SCOTT C.	2.2 NAME	
STREET ADDRESS	529 CEDAREDEGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	600001876136
STREET ADDRESS		6.3 STREET ADDRESS	-06/26/96--01053--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

14. I do hereby certify that the information supplied was 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: *Scott Poole* Scott Poole, President 06/12/96 904-426-2628  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year

CR2E034 (12/95)