FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:26

DOCUMENT # N10517 (3)

1. Corporation Name
INTERNATIONAL COALITION OF BOATING SAFETY, INC.

Principal Place of Business	Mailing Address
499 E SHRIDAN ST #317 DANIA FL 33004	499 E SHRIDAN ST #317 DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1985
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2592120 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEHRENDT, AL
499 E SHERIDAN ST #317
DANIA FL 33004

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	BEHRENDT, ALFERD	12 NAME		
STREET ADDRESS	499 E. SHERIDAN ST. #317	13 STREET ADDRESS		
CITY · ST · ZIP	DANIA FL 33004	14 CITY · ST · ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	HARDIN, ED	22 NAME	Delete	
STREET ADDRESS	2151 HIGHLAND AVE. #100	23 STREET ADDRESS		
CITY · ST · ZIP	BIRMINGHAM AL 35205	24 CITY · ST · ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	RAINEY, BARTOW	32 NAME		
STREET ADDRESS	2325 KILLARNEY WAY	33 STREET ADDRESS		
CITY · ST · ZIP	TALLAHASSEE FL 32308	34 CITY · ST · ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	LESTER, RICHARD	42 NAME	Delete	
STREET ADDRESS	3977 N.W. 25 ST.	43 STREET ADDRESS		
CITY · ST · ZIP	MIAMI FL 33142	44 CITY · ST · ZIP		
TITLE	PD	51 TITLE		☒ Change ☐ Addition
NAME	MAROLF, FRED	52 NAME	Delete	
STREET ADDRESS	2512 LUCILLE DR.	53 STREET ADDRESS		
CITY · ST · ZIP	FT. LAUDERDALE FL 33316	54 CITY · ST · ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FABRY, KEN	62 NAME		
STREET ADDRESS	2320 NE 33 ST.	63 STREET ADDRESS		
CITY · ST · ZIP	LIGHTHOUSE POINT FL 33064	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert F. Behrendt Jr. 6/7/95 305-923-8022
(SIGNATURE AND TITLE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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