NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 21 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33000 (3)

1. Corporation Name
SUNCOAST MODEL POWER BOATERS, INC.

Principal Place of Business	Mailing Address
415 11TH STREET NW LARGO FL 34640	415 11TH STREET NW LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2958299 ☐ 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 ☒ FILING FEE IS $61.25
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 / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

RABBITT, DAVID
415 11TH STREET NW
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature of New or Former Registered Agent) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RABBITT, DAVID	12 NAME	TU00015441897
STREET ADDRESS	415 11TH ST. N.W.	13 STREET ADDRESS	-07/25/95--01019--003
CITY ST ZIP	LARGO FL	14 CITY ST ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	~~GLASS, BERNARD~~	22 NAME	LARRY BEALS
STREET ADDRESS	~~608 WELLINGTON~~	23 STREET ADDRESS	598 72ND AVENUE NORTH
CITY ST ZIP	~~CLEARWATER FL~~	24 CITY ST ZIP	ST. PETERSBURG, FL 33702
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MOORE, MARILYN	32 NAME	
STREET ADDRESS	4848 NAPOLI CT., N.E.	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	~~GLASS, MARY~~	42 NAME	BRENDA RABBITT
STREET ADDRESS	~~608 WELLINGTON~~	43 STREET ADDRESS	415 11TH ST. NW
CITY ST ZIP	~~CLEARWATER FL~~	44 CITY ST ZIP	LARGO, FL 34640
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE	T.S. 7/21/95	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: David M. Rabbitt DAVID M. RABBITT 7/10/95 (813) 7972468
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0016513

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

APPROVED
AMT.

NONPROFIT CORPORATION ANNUAL REPORT

1994 & 1995

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

355.00

DOCUMENT # N33150

1. Corporate Name
Century 21 North Broward Council, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/89
3a. Date of Last Report: 1993

4. FEI Number: 65-0150139 | Applied For | Not Applicable

2. Principal Place of Business
21 10109 Cleary Boulevard
22 Suite, Apt. #, etc.
23 City & State: Plantation, FL
24 Zip: 33324 25 County: Broward

2a. Mailing Address
26 10109 Cleary Boulevard
27 Suite, Apt. #, etc.
28 City & State: Plantation, FL
29 Zip: 33324 30 County: Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Fee for Certified Copies ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Marianne Winfield
82 Address (P.O. Box Number is Not Acceptable): 10109 Cleary Boulevard
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Marianne F. Winfield — Marianne Winfield — 6/30/95
(If changing Registered Agent, Registered Agent must sign.) (If changing Registered Agent, Registered Agent must print name.) (Date)

12. OFFICERS AND DIRECTORS		13. Additions, Changes, Deletions	
Title / Name / Street Address / City, St, Zip		Title / Name / Street Address / City, St, Zip	P/D Croft, Tony 5500 North Federal Highway Boca Raton, FL 33487 ☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip		Title / Name / Street Address / City, St, Zip	V/D Cosberg, Harvey 1905 North Pine Island Road Plantation, FL 33322 ☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip		Title / Name / Street Address / City, St, Zip	S/D Reinhart, Scott 3251 North Federal Highway Boca Raton, FL 33431 ☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip		Title / Name / Street Address / City, St, Zip	T/D Winfield, Marianne 10109 Cleary Boulevard Plantation, FL 33324 ☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	Reinstatement removed and fee waived due to clerical error.	Title / Name / Street Address / City, St, Zip	100001545651 -07/25/95--01031--002 ****355.00 ****355.00 ☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip		Title / Name / Street Address / City, St, Zip	DR 1/24 ☐ Change ☐ Addition

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 above, or on an attachment with an asterisk.

SIGNATURE: Marianne F. Winfield — 6/30/95 — 305 473 1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Daytime Phone #)
MARIANNE L. WINFIELD

CR2E037 (3/95)