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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000857 (2)**

1. Corporation Name

RECREATIONAL BOATING SYSTEMS, INC.

Principal Place of Business

**815 NORTHSIDE DR
MT DORA FL 32757**

Mailing Address

**PO BOX 1244
MT DORA FL 32757-1244
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 03/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3226593	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRISWOLD, WILLIAM S
815 NORTHSIDE DR
MT DORA FL 32757**

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, 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	VD	1.1 TITLE	VD
NAME	GRISWOLD, ALVERA B	1.2 NAME	ALVERA B. GRISWOLD
STREET ADDRESS	815 NORTHSIDE DR	1.3 STREET ADDRESS	815 NORTHSIDE DR.
CITY - ST - ZIP	MT DORA FL 32757	1.4 CITY - ST - ZIP	MT. DORA, FL 32757
TITLE	P	2.1 TITLE	PP
NAME	GRISWOLD, WILLIAM S	2.2 NAME	WILLIAM S. GRISWOLD
STREET ADDRESS	2326 TOPPING PLACE	2.3 STREET ADDRESS	815 NORTHSIDE DRIVE
CITY - ST - ZIP	EUSTIS FL 32728	2.4 CITY - ST - ZIP	MT. DORA, FL 32757
TITLE	STD	3.1 TITLE	STD
NAME	HARR, WILLIAM C	3.2 NAME	WILLIAM C. HARR
STREET ADDRESS	3615 HARDING AVE #406	3.3 STREET ADDRESS	3615 HARDING AVE #406
CITY - ST - ZIP	HONOLULU HI 96816	3.4 CITY - ST - ZIP	HONOLULU, HI 96816
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97

(352) 383-8889

CR2E037 (9/96)