

FILE NOW: FILING FEE IS \$61.25

FILED

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
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3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3226593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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

**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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRISWOLD, ALVERA B	
STREET ADDRESS	815 NORTHSIDE DR	
CITY - ST - ZIP	MT DORA FL 32757	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRISWOLD, WILLIAM S	
STREET ADDRESS	2326 TOPPING PLACE	
CITY - ST - ZIP	EUSTIS FL 32726	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARR, WILLIAM C	
STREET ADDRESS	3615 HARDING AVE #406	
CITY - ST - ZIP	HONOLULU HI 96816	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALVERA B. GRISWOLD	
1.3 STREET ADDRESS	815 NORTHSIDE DR.	
1.4 CITY - ST - ZIP	MT. DORA, FL 32757	
2.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM S. GRISWOLD	
2.3 STREET ADDRESS	815 NORTHSIDE DRIVE	
2.4 CITY - ST - ZIP	MT. DORA, FL 32757	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM C. HARR	
3.3 STREET ADDRESS	3615 HARDING AVE #406	
3.4 CITY - ST - ZIP	HONOLULU, HI 96816	
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 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: W. Griswold DATE REQUIRED: 3/19/97 (352) 383-8889

CR2E037 (9/96)