FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 20505 US HWY, 19 NORTH

SUITE 502

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001755

Principal Place of Business

20505 US HWY. 19 NORTH

SUITE 502

OFFSHORE POWERBOAT ASSOCIATION OF PINELLAS, INC.

CLEARWATER FL 33764		CLEARWATER FL 33764		DO NOT WRITE IN THIS SPACE			
US		บร		3. Date Incorporated or Qualifed			
	•				03/28/1997		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-3475582	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.				\$8.75	Additional
	n, 000.	27			5. Certifcate of Status Desired	T	equired
City & Stat	p	City & State	-	عمدن خدم	6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	trv	8. This corporation owes the current year In		
_	25	29 30	_	-,	Personal Property Tax.	Yes	□No
24[9. Name and Address of Current		<u></u>		10. Name and Address of New Registered	Agent	
	5. Name and Address of Current	Tregistored Agoin		1 Name	10. 11.	<u></u>	
ROSS, ELLIOTT M							
20505 US HWY. 19 NORTH			8	Street	Address (P.O. Box Number is Not Acceptable)		}
SUITE 502			٠.	33			
	ARWATER FL 33764		°	13			1
OLEA	INMAILM FL 33704		ε	4 City		85 Zip	Code
					<u>FL</u>	<u>- </u>	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ove-named	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
onice or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statut	es.	or allocate or allocates, thereby assept all oppo]
=							i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	gent signature r	equired when reinstating) DATE		
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AF		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITU	: '	VICE PRESIDENT	Change	☐ Addition
NAME	PILINI, JAY		1.2 NAM	E			[
STREET ADDRESS	4980 110TH AVE N		1.3 STR	ET ADDRESS			ļ
CITY-ST-ZIP	CLEARWATER FL 34620	/	1.4 CITY	-ST-ZIP			
TITLE	VD	DELETE	2.1 TITL			☐ Change	☐ Addition
NAME	HANKE, RAY		2.2 NAM	E			ł
STREET ADDRESS	10871 49TH ST NO		1				
ľ	* - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.3 STR	FET ADDRESS			k
CITY-ST-ZIP	. LANYVA			EET ADDRESS			Ì
TITLE come.	CLEARWATER FL 34622	o = o = - □ DELETE: - o	2. 4 CITY	/-ST-ZIP		☐ Change	- Addition
TITLE - TO-E	STD-,	. A. = N. == ↑ □ DELETE: A. A.	2.4 CITY 3.1 TITU	/∙ST-ZIP		☐ Change	~ Addition
NAME	ROSS, ELLIOTT M	_	2. 4 CITY 3.1 TITU 3.2 NAM	(∙ST-ZIP E ≃		☐ Change	~ Addition
NAME STREET ADDRESS	ROSS, ELLIOTT M 20505 US HWY. 19 NORTH STE	_	2. 4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI	(-ST-ZIP E ≃ EET ADDRESS		Change	~ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ROSS, ELLIOTT M	÷ 502	2.4 CITY 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CITY	(-ST-ZIP 6 & E EET ADDRESS (-ST-ZIP			- Addition
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SIGNATURE:

14. I hereby certify that the information supplied with the Ring 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 of supplemental angual 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 by 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 is changed by the an adactoment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

727-725-2600

CR2E034 (11/98)

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90028 005 ***158.75