

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED
Aug 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22304 (0)
 1. Corporation Name
E Z LOADER BOAT TRAILERS, INC.

Principal Place of Business NORTH 717 HAMILTON P O BOX 3263 SPOKANE WA 99220-0263	Mailing Address NORTH 717 HAMILTON P O BOX 3263 SPOKANE WA 99220-0263
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 12/28/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 91-0612518	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RANDY D.	1.2 NAME
STREET ADDRESS	NORTH 717 HAMILTON	1.3 STREET ADDRESS
CITY-ST-ZIP	SPOKANE WA	1.4 CITY-ST-ZIP
TITLE	VTD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARC D.	2.2 NAME
STREET ADDRESS	NORTH 717 HAMILTON	2.3 STREET ADDRESS
CITY-ST-ZIP	SPOKANE WA	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELMAN, DAVID A.	3.2 NAME
STREET ADDRESS	NORTH 717 HAMILTON	3.3 STREET ADDRESS
CITY-ST-ZIP	SPOKANE WA	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE _____

CF2E034 (4/97)