

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27929 (9)

1. Corporation Name

~~SGHAT-WATERCRAFT, INC.~~
HARDING WATERCRAFT, INC.



Principal Place of Business

167 BELL AVENUE
OAK HILL FL 32759
US

Mailing Address

167 BELL AVENUE
OAK HILL FL 32759
US

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/30/1990 | 3a. Date of Last Report 08/21/1995 |
| 4. FEI Number 22-2108896 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

B&C CORPORATE SVCS OF CENTRAL FLA, INC.
MAITLAND CENTER
1051 WINDERLEY PLACE
MAITLAND FL 32794-2051

10. Name and Address of New Registered Agent

81 PHILIP A. DIAMOND
82 Street Address (P.O. Box Number is Not Acceptable)
CITRUS CENTER, 255 S. ORANGE AVE. SUITE 1600
83
84 City ORLANDO, FL 85 Zip Code 32802

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

Signature, typed or printed name of registered agent and term of appointment

Signature, typed or printed name of registered agent and term of appointment

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | C D | <input type="checkbox"/> DELETE |
| NAME | ROTH, JARLE | |
| STREET ADDRESS | ST LAURENSDREEFF 37 | |
| CITY-ST-ZIP | 3565 AJ UTRECHT NE | |
| TITLE | M D | <input type="checkbox"/> DELETE |
| NAME | ROSSLAND, OVE | |
| STREET ADDRESS | N5470 ROSENDAL | |
| CITY-ST-ZIP | NORWAY BE | |
| TITLE | P D | <input type="checkbox"/> DELETE |
| NAME | SAEBURG, SVEIN ARNE | |
| STREET ADDRESS | 167 BELL AVE | |
| CITY-ST-ZIP | OAK HILL FL | |
| TITLE | VST D | <input type="checkbox"/> DELETE |
| NAME | WILSON, ROBERT S | |
| STREET ADDRESS | 167 BELL AVE | |
| CITY-ST-ZIP | OAK HILL FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | OLSEN, PER INGE | |
| STREET ADDRESS | 167 BELL AVE | |
| CITY-ST-ZIP | OAK HILL FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | CASARROW, DONALD H | |
| STREET ADDRESS | 167 BELL AVE | |
| CITY-ST-ZIP | OAK HILL FL | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE | |
| 6.2 NAME | D |
| 6.3 STREET ADDRESS | PERNILLE OSTENSJO |
| 6.4 CITY-ST-ZIP | ST LAURENSDREEFF 37 3565 AJ UTRECHT NE |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PER INGE OLSEN, VICE PRESIDENT, FINANCE

2/19/96

904-
345-3483
x-249

CR2E034 (12/95)