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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000004200 (0)

BOAT MANAGEMENT GROUP, INC.

FILED May 20 1998 8:00am Secretary of State



Dalas de at Disas	-(Mailing Address			<u> </u>	(8)
43 N. FEDERAL HWY. SUITE 1203 POMPANO BEACH FL 33062		43 N. FEDERAL HWY. SUITE 1203 POMPANO BEACH FL 33062 US		l	DO NOT WRITE IN THIS SPACE	
US		03			3. Date Incorporated or Qualified 01/20/1993	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0383817	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	lry	8. This corporation owes or has paid the current	
24	25	29	30		Personal Property Tax due June 30.	73
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
KELLY, KEVIN T				Name K	erin Kelly	
43 N FEDERAL HWY,				32 Street Add	ress (P.O. Box Number is Not Acceptable)	
1203				43	N. Fad Huy	
POMPANO BCH FL 33060				183 Site 1203		
			h	34 City	B	5 Zip Code
				1 10	m pano Beach FL	137062
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the ab	ove-named corp	poration submits this statement for the purpose of chi	anging 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, typicd or printing name of repetered agent and title if applicable (NOTE: Rogistored Agent signature required when reinstating) DATE						
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	Р	☐ DELETE	1.1 TITL	E	Ш	Change Addition
NAME	KELLY, KEVIN		1.2 NAM	AE.		
STREET ADDRESS	1310 NE 4TH ST		1.3 STR	EET ADDRESS		!
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CIT	7-ST-7IP		. <u> </u>
TITLE	VP	☐ DELETE	2.1 TITE	£		Change
NAME	alter, barry		2.2 NAM	AE		
STREET ADDRESS	3312 SW 57TH PLACE		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 3300		2. 4 CIT	Y-ST-ZIP	,	
TITLE	_ _	DELETE	3.1 T(T)	E]	لــا	Change
NAME			3.2 NAM	AE		İ
STREET ADDRESS			3.3 STA	EFT ADDRESS		
CITY-ST-ZIP			3.4. CI1	Y-ST-ZIP		
TITLE		DELETE	4.1 1011	E		Change
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	7-ST-7IP		
TITLE		☐ DELETE	5.1 1)1(E		Change
NAME			5.2 NAM	AE		
STREET ADDRESS			5.3 STF	ELT ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL			Change
NAME			6.2 NA	AE		
STREET ADDRESS			6.3 STP	EET ADDRESS		
CITY-ST-742			6.4 CIT	r-ST-ZIP		
14. I hereby o	ertify that the information supplied	with this filing does not qualify	for the exe	nption 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 trueto ampowered 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.