

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004200

1. Corporation Name

BOAT MANAGEMENT GROUP, INC.

Principal Place of Business

43 N. FEDERAL HWY. SUITE 1203
POMPANO BEACH FL 33062
US

Mailing Address

43 N. FEDERAL HWY. SUITE 1203
POMPANO BEACH FL 33062
US

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90082 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1993

4. FEI Number

65-0383817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 720 NE 2nd Street

2a. Mailing Address

26 3116 N Federal Hwy.

Suite, Apt. #, etc.

27 Suite 166

City & State

23 Pompano Beach FL

City & State

28 Lighthouse Point FL

Zip

24 33060

Country

25 USA

Zip

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

KELLY, KEVIN T
43 N FEDERAL HWY,
1203
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name

Kevin Kelly

82 Street Address (P.O. Box Number is Not Acceptable)

720 NE 2nd ST

83

84 City

Pompano Beach

FL

85 Zip Code

33060

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KELLY, KEVIN
STREET ADDRESS 1310 NE 4TH ST
CITY-ST-ZIP POMPANO BEACH FL
☐ DELETE

TITLE VP
NAME ALTER, BARRY
STREET ADDRESS 3312 SW 57TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33067
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P Kevin Kelly

☒ Change

☐ Addition

1.2 NAME

720 NE 2nd ST

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Pompano Beach, FL 33060

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)