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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sanora B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

P93000033614 (7) **DOCUMENT** # 1. Corporation Name

BOYNTON BEACH BOAT RENTALS, INC.

Mailing Address
700 CASA LOMA BL

BOYNTON BEACH FL 33435		BOYNTON BEA	BOYNTON BEACH FL 33435						
						3. Date Incorporated or Qualified 05/05/1993	3a. Date o		t Report 1 995
2. Principal Pla	ce of Business	2a. Mailing Addre	338			4. FEI Number			Applied For
21		26				65-0410521			Not Applicable
Suite, Apt #	t, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		•	75 Additional ee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zφ	Cou	intry		8. This corporation has liability for i	ntangible tax	unde	rs 199.032,
24	25	29	30			Florida Statutes			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
JUCHEM	I, MARCELO			62	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	sa loma blvd.								
BOYNTO	N BEACH FL 33435			83					
				84	City			85	Zip Code
					·	ration submits this statement for the pur	<u> </u>		·
SIGNATURE _	Signative typical or printed name of regularist algo-				nt sopration is per				
12.		VD DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
THLE	DPST	DELI	■	li Lf				Char	ge 🔲 Addition
NAME	JUCHEM, MARCELO			IAME					
STREET ADDRESS	700 CASA LOMA BLVD.	_	1		ADDRESS				
CITY - ST - ZIF	BOYNTON BEACH FL 3343				31 - ZIP			Char	no [] Addition
THILE		DELI		HILE			L.J	Char	ge 🗌 Addition
NAME				AME					
STREET ADDRESS					ADDRESS				
TITLE		DEL			- 1 - 21F			Char	ge 🔲 Addition
NAME				IAM:			_		, п
STREET ADDRESS			33	STREE	LADDRESS				
CITY-ST-ZIP					51-7 P				
TITLE		DEL	ETE 4:	HILF				Char	ige 🔲 Addition
NAME			4.21	NAME	İ				
STREET ADDRESS			4.3	STREET	LADDRESS				
CITY-ST-ZIP					ST - ZIP				
TIFLE		☐ D£L		THLF			L) Char	ige 🔲 Addition
NAME				NAME					
STREET ADDRESS					LADDRESS				
CITY-SI-ZIP				CHY - S Tifle	\$1 - ZIP		·] Chai	nge Addition
THLE		U.C.		NAMÉ			_	, Vinai	-a- [] (100:110)
NAME CTRCC1 ADODCCC					T ADDRESS				
STREET ADDRESS					ST-ZIP				
DITEST - ST - 7P	1		■ 64	Laren e d) - ¿IF				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 true 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: Marile July PAES
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/96 (407) 735-2149