


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

FILED
May 02 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 # P93000058889 (5)

1. Corporation Name
VIP BOAT RIGGING, INC.

Principal Place of Business

2025 LAKE AVE. S.E.
UNIT C
LARGO FL 34641

Mailing Address

2906 PINE CONE CIRCLE
CLEARWATER FL 34620-5310
US

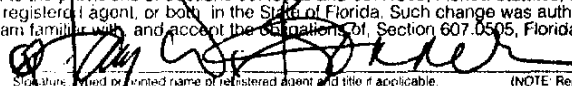


2. Principal Place of Business	2a. Mailing Address
21 296 NE BLVD N	26 296 NE BLVD N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ST Petersburg FL	28 City & State ST Petersburg FL
24 Zip 33702	29 Zip 33702
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3189194	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BONNER, SAM W. 2906 PINE CONE CIRCLE CLEARWATER FL 34620		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 296 NE BLVD N 83 84 City ST Petersburg FL 85 Zip Code 33702	

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  SAM W BONNER 4-12-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, SAM W	1.2 NAME	
STREET ADDRESS	2906 PINE CONE CIRCLE	1.3 STREET ADDRESS	296 NE BLVD N
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	ST Petersburg FL 33702
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, LYNN E.	2.2 NAME	
STREET ADDRESS	2906 PINE CONE CIRCLE	2.3 STREET ADDRESS	296 NE BLVD N
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	ST Petersburg, FL 33702
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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  LYNN W BONNER 4-12-97 (813) 521-6055
Date Daytime Phone #

CR2E034 (9/96)