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

		# P BOAT, INC		06265	9 (6)				1 88 911 88 11	# 0000 HOLD #1	IPI BIRKA TAN ING
Principal Place of Business				Mailing Address						# 1911 H 1818 191		
15392 71ST DRIVE NORTH PALM BEACH GARDENS FL 33418				15392 71ST DRIVE NORTH PALM BEACH GARDENS FL 33418								
									 Date Incorporated or Qualified 09/02/1993 		ate of Last F 02/24/19	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		02/24/10	Applied For	
Suite, Apt. #, etc.				26				65-0439480			Not Applicable	
22				Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional	
City & State				City & State			···	6. Election Campaign Financing			Required May Be	
Zip Country				28					Trust Fund Contribution		Adde	ed to Fees
24	25 9. Name and Address of Curren			Zip 29	30				This corporation has liability for intangible tax under s 199,032, Florida Statutes			
	9. Name	and Addres	s of Current R	egistered Agen	nt 		T		10. Name and Address of New R	egistere	d Agent	
THOMA	9 N N IE	,				81	Nar	ne				
THOMAS, N. N. JR 15392 71ST DRIVE NORTH						82	Stre	eet Addre	ess (P.O. Box Number is Not Acceptab	le)		
PALM BEACH GARDENS FL 33418						83		····				
						0.4		· · · · · · · · · · · · · · · · · · ·				
						84	City					p Code
or register familiar wit	to the provision and accept, and accept	ons of Section both, in the S of the obligati	ns 607.0502 and State of Florida. S ons of, Section (d 607.1508, Flori Such change wa 807.0505, Florida	ida Statutes is authorized a Statutes.	the above r by the corp	named oratio	corpora n's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of co	hanging its r as registered	registered office I agent. I am
SIGNATURE	Chant - L											
12.	alghature, typica i		registured agent and t		(NOTE	Registered Agen	signan	ire required		DATE		
TITLE	D		7.02.107.112.01	DE	LÉTE	13.		T	ADDITIONS/CHANGES TO OFFI	CERS AN		
NAME		S, N N JR.		_		1.2 NAME					Change	☐ Addition
STREET ADDRESS						1.3 STREET	1.3 STREET ADDRESS					
CITY-ST-ZIP						1.4 CITY - ST - ZIP						
TITLE				☐ DE	LETE	2 1 TITLE					Change	Addition
NAME STREET ADDRESS						2 2 NAME		ļ				_
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TITLE				☐ DE	1 5 7 6	2 4 CiTY - ST	- ZIP					
NAME						3. 1 TITLE					☐ Change	Addition
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CITY-ST-ZIP						3.4 CITY-ST		23				
TITLE				DEI	LETE	4. 1 TITLE	. 211	<u>-</u>			Change	Addition
NAME						4.2 NAME					[] Ollande	L Accilion
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CITY-ST-ZIP						4.4 CITY-SI	- ZIP					1
TITLE				[] DEL	LETE	5. 1 TITLE					Change	Addition
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TITLE				DEL	FIE	5.4 CITY-ST-	- ZIP					
NAME					12	6 1 TITLE					☐ Change	☐ Addition
STREET ADDRESS						6.2 NAME 6.3 STREET A	DDDCC					
CITY - ST - ZIP						6.4 CITY - S1.		`				[

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 appears in Block 12 or Block 13 or

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-743-1109 Daytime Phone #