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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068809 (1)

SEABORNE SPORTS, INC.

				IYO DARAA IIXID AARIN OORIN BARK	A BRANT BANKA MANDA MANTA	ROMO IBNI IBDI	
Principal Place of Business Mailing Address			( 19011301	'in Later illin dairí muir abli		BBIIS (St. 1821	
710 SE 2ND TER POMPANO BEACH FL 33080	710 SE 2ND TER POMPANO BEACH	FL 33060-8447					
			3. Date Inco	orporated or Qualified	3a. Date of La	•	
2. Principal Place of Business	2a. Mailing Addre	SS	4. FEI Numi	per		Applied For	
21	26		65-04	14472		Not Applicable	
Suite. Apt. #, etc.	Suite, Apt. #,	etc.	5. Certificat	e of Status Desired	1 7	75 Additional e Required	
City & State	City & State		6. Election (	Campaign Financing	\$5.	00 May Be	
3	28		Trust Fun	d Contribution	☐ Ade	led to Fees	
Z(p Country	Zip	Country	8. This corp	oration has liability for	intangible tax und	er s. 199.032,	
4 25	29	30	Florida S		Yes No		
9. Name and Address of Current Registered Agent  1 AND 5 AOUNT 10			10. Name ar Name	10. Name and Address of New Registered Agent			
Signature Type of princed hame of neg stored	Continues of Section 607.0  Letter  Applicable of applicable	a Statutes, the above- ge was authorized by the statutes.  Presiden	fignature required when reinstating)	this statement for the process of th	FL 85 purpose of changing the appointment of the purpose of changing the part of the purpose of		
12. OFFICERS A	AND DIRECTORS	13.	ADDITION	S/CHANGES TO OFFIC			
NAME LANEE, JR JOHN A STREET ATORESS 710 SE 2ND TER	DEI	ETE 11 TITLE 1.2 NAME 1.3 STREET AL	LaNeve, Jr JIOSF 2 Te	John A	(Correct	spelling)	
ONY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-	. 1779	each, FL			
nitle <b>ST</b>	☐ DEI	ETE 2.1 TITLE			☐ Cha	ge Addition	
NAME LANEVE, PATRICIA		2.2 NAME					
STREEF ADDRESS 710 SE 2 TERR		2.3 STREET AL	OORESS				
GIFY ST-ZIP POMPANO BCH FL		2 4 CITY-ST-	ZIP				
Pirk	DE1	ETE 31 TITLE			c. Cha	nge 🔲 Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET AL	odress (				
CITY ST ZIP		3.4. CITY - ST-	ZIP				
TITLE	DEI		· · · · · · · · · · · · · · · · · · ·		☐ Cha	nge Addition	

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 corpyration or the reference provides empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ellock 12 or Block 13 if cylanged for on a valuationen) with an address. 6.4 CITY-ST-ZIP

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TIME

NAME

THLE

NAME

STREET ADDRESS CHY-\$1-749

STREET ADORESS

STREET ADDRESS

CHY-S'-Zir

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

954.786-2083

**FILED** 

Apr 29 1997 8:00am

Secretary of State

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