PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS						
OCUME Corporation Na	ENT #		069473 (5)						
WHATEVE	er floats	YOUR BOAT, I	NC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
rincipal Place of Business Mailing Address							Antii Aniia aiii	å iåitt återi ra	
12401 US HWY 441 BELLEVIEW FL 34420			12401 US HWY 441 BELLEVIEW FL 34420			3. Date Incorporated or Qualified	3a. Dale	of Last Rep	ort
						10/06/1993 4. FEI Number	06	/13/1995	plied For
Principal Place	of Business		2a. Mailing Address			59-3227692		No	ot Applicable
Suite, Apt. #, 6			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State			27 Orty & State			Election Campaign Financing Trust Fund Contribution	Campaign Financing \$5.00 May Be		
			28 Zip	Cou	ntry	8. This corporation has liability for	intangible ta		
Zip	25	ountry	29	30		Florida Statutes Ye 10. Name and Address of New	S No Registered	Agent	
	9. Name and	Address of Current I	Registered Agent		81 Name				
ROU, MIC	HAFI A				82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
12401 US	HWY 441				83				
BELLEVIE	W FL 34420				84 Oity		FL	85 Zip	Code
						oration submits this statement for the p oard of directors. Thereby accept the ap			egistered offic
Pursuant to or registered	the provisions of agent, or both,	Sections 607.0502 a in the State of Florida	and 607,1508, Florida Statu' u Such change was authori. - coz osos, Florida Statute	tes, the abo zed by the <	corporation's bo	ioration submits this statement for the p pard of directors. Thereby accept the ap	spointment a	s registered	agent. Fam
familiar with	i, and accept the	obligations of, Section					DATE		
SIGNATURE	igniture typed criped:	arpa je strujek reta e s a		/ i'i Hagedere	d Agent signation 194	RETWEE REISERING ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
2.		OFFICERS AND	DELETE		11'15			Change	Add tion
ITLE HAME	ROU, MICH	AEL A			NAME				
TREET ADDRESS	12401 US I	WY 441		•	STREET ADDRESS CITY - ST - ZIP				
ITY-ST-ZIP	BELLEVIEW	HL 34420	DELETE		TITLE			Change	Addition
TITLE NAME			<u></u>		N4ME				
NAME STREET ADDRESS					STREET ADORESS				
CITY - ST - ZIP			C) DCIETC		CITY-ST ZIP			Change	Additio
TITLE			☐ DELETE		NAME				
NAME					STHEE! ADDRESS				
STREET ADDRESS				3.4	CITY - ST - ZiP			Change	Additio
CITY-ST-ZIP TIZLE			DELETE		1 TILLE				
NAME					NAME ESTREST ADDRESS				
STREET ADDRESS				1	4 CITY ST-ZIP			F-1 6:	1220
CITY - ST - ZIP			DELFIE		1 T ILi			Change	Addition
TITLE			—		2 NAME				
NAME STREET ADDRESS					3 STREET ADDRESS				
			DELETE		4 City - St - 7/P			☐ Change	e 🔲 Addili
City - St - 71F									

NAME

STREET ADDRESS

64.CITY-ST-ZIP

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 certify 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 or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATUR

6.3 STREET ADDRESS

64 CITY - ST - ZIP