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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400005404 (6)

SUNNY ISLES BOAT SALES, NORTH, INC.

## FILED May 09 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				1 1991/901 (10 1014 61011 0014 6044 6044 6044 9910) Givil Albir Calit 0104 1001				
C/O WILLIAM S. PEGG. II 400 BUNNY ISLES BLVD. N. MIAMI BEACH FL 33160		400 SUNNY ISLES	C/O WILLIAM S. PEGG. II 400 SUNNY ISLES BLVD. N. MIAMI BEACH FL 33160-4212							
11: Mulmi Dana						3. Date Incorporated or Qualified 01/13/1994		of Last R 5 <b>/1996</b>	eport	
2. Principal Pla	ace of Business	2a. Mailing Addres	S			4. FEI Number			plied For	
21   Suite, Apt. #	Lata	26	<b>26</b>			65-0462393 Not Applicable \$8.75 Additional				
	•, <del>9</del> (C.	F	F			5. Certificate of Status Desired		Fee Re		
22 City & State			City & State			6. Election Campaign Financing				
23		hn	28			Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip					y for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes 🔀 Yes 🗌				
	9. Name and Address of Curren	nt Registered Agent		J		10. Name and Address of New Reg	Istered A	jent		
PEGO	3, WILLIAM S II			81	Name					
400 SUNNY ISLES BLVD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
ROO	M 5									
NM	B FL 33160			83						
				84	City			<b>85</b> Zip	Code	
				<u> </u>	'		<u>FL</u>			
11. Pursuant to office or re	o the provisions of Sections 607.050 paistered agent, or both, in the State	02 and 607.1508, Florida 5 of Horida, Such change	Statutes, the a was authorize	abovi ad by	e-riamed cor y the corpora	poration submits this statement for the partion's board of directors. I hereby accep	irpose of c tithe appoi	hanging it ritment as	ts registered   registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent a grature required when reharding) DATE										
12.		ID DIRECTORS	<b>I</b> 13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	RS IN 12	
TITLE	DELETE		TE 1.1.1	1.1 TOLE			]	Change	Addition	
NAME	PEGG, WILLIAM S II		1.2 N	IAME						
STREET ADDRESS 400 SUNNY ISLES BLVD.			1.3 \$	STREET	ADDRESS					
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			OHY-S	S1 - ZIP		·			
TITLE		DELE	DELETE 21 TITLE		1		L.	Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				i	
CITY-ST-ZIP			·		ST-ZIP			<b>7</b> ~		
TITLE		[_] DEU					L	Change	Addition	
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	<u> </u>	DELO			S1-ZIP		r	Change	Addition	
TITLE		O.C.		NAME			L	Granigs	C 1/00mon	
NAME STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP					ST-7iP					
TITLE		☐ DEU			21-21.			Charige	Addition	
NAME				VAME			_	3		
STREET ADDRESS					1 ADDRESS					
CITY-ST-ZIP			L.		ST-ZIP					
TITLE		☐ DELI						Change	Addition	
NAME			621	NAME						
STREET ADDRESS			635	STREE:	LATIDRESS					
CITY-ST-ZIP	•			64 CITY-ST-ZIP						
44 4 4						-1:- O1 440 07(0)() (11			41 -	

I do nereby certify that the information supplied with this fling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if change if you on an attachment with an address.