


FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. M... Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # P94000037864 (3)																																																																																																																																							
1. Corporation Name TWIN VEE BOATS, INC.																																																																																																																																							
Principal Place of Business 1439 SOUTH OCEAN BLVD. SUITE 112 POMPANO BEACH FL 33062		Mailing Address P.O. BOX 2814 POMPANO BEACH FL 33072-2814																																																																																																																																					
2. Principal Place of Business 21 1053 SE Holbrook Ct		2a. Mailing Address 26 1053 SE Holbrook Ct																																																																																																																																					
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																																																																																																																					
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Zip 24 34952		Country 25 St. Lucie																																																																																																																																					
9. Name and Address of Current Registered Agent COBB, ROBERT E 4530 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code																																																																																																																																					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being the duly authorized officer or registered agent, or both, in the State of Florida, do hereby accept the appointment as registered agent for the above-named corporation and accept the obligations of, Section 607.0505, Florida Statutes.																																																																																																																																							
SIGNATURE		DATE																																																																																																																																					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DPVS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DUNSHEE, ROGER W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1439 S. OCEAN BLVD., SUITE 112</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>POMPANO BEACH FL 33062</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DUNSHEE, ROGER W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1439 S. OCEAN BLVD., SUITE 112</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>POMPANO BEACH FL 33062</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DPVS	<input type="checkbox"/> DELETE	NAME	DUNSHEE, ROGER W		STREET ADDRESS	1439 S. OCEAN BLVD., SUITE 112		CITY - ST - ZIP	POMPANO BEACH FL 33062		TITLE	T	<input type="checkbox"/> DELETE	NAME	DUNSHEE, ROGER W		STREET ADDRESS	1439 S. OCEAN BLVD., SUITE 112		CITY - ST - ZIP	POMPANO BEACH FL 33062		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>11. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>14. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>21. NAME</td> <td></td> <td></td> </tr> <tr> <td>22. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>23. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>24. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>31. NAME</td> <td></td> <td></td> </tr> <tr> <td>32. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>33. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>34. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>41. NAME</td> <td></td> <td></td> </tr> <tr> <td>42. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>43. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>44. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>51. NAME</td> <td></td> <td></td> </tr> <tr> <td>52. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>53. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>54. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>61. NAME</td> <td></td> <td></td> </tr> <tr> <td>62. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>63. CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>64. NAME</td> <td></td> <td></td> </tr> </table>		11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. STREET ADDRESS			13. CITY - ST - ZIP			14. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	21. NAME			22. STREET ADDRESS			23. CITY - ST - ZIP			24. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	31. NAME			32. STREET ADDRESS			33. CITY - ST - ZIP			34. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	41. NAME			42. STREET ADDRESS			43. CITY - ST - ZIP			44. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	51. NAME			52. STREET ADDRESS			53. CITY - ST - ZIP			54. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	61. NAME			62. STREET ADDRESS			63. CITY - ST - ZIP			64. NAME		
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14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																																																																																							
SIGNATURE: <i>Roger Dunshee</i>		Date: 4-30-97 Daytime Phone: 561-337-0633																																																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D.P.		0180108																																																																																																																																					



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