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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041038 (8)

1. Corporation Name
CORINTHIAN CATAMARANS, INC.

Principal Place of Business
1065 ISLAND AVENUE
TARPON SPRINGS FL 33609

Mailing Address
1065 ISLAND AVENUE
TARPON SPRINGS FL 33609



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

59-3248850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34689 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34689 Country

9. Name and Address of Current Registered Agent

SPANOLIOS, JAMES J ESQ.
36356 US HWY. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Knaust, Warren J Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
8730 Central Ave.
83 St. Petersburg
84 City FL 85 Zip Code 33712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
HEBERLE, GARY
STREET ADDRESS 1065 ISLAND AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME D
VERCRUYSE, DEE
STREET ADDRESS 5623 MOSAIC DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 on an attachment with an address.

SIGNATURE: Gary G. Heberle

11/13/98 (607)0341038

CR2E034 (10/97)