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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400050232 (5)

BOAT ARLIES, INC.

Principal Place of Business

89 HIGHLAND RD. TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 773

TARPON SPRINGS FL 34688-0773

FILED Mar 13 1997 8:00am Secretary of State



										3. Date Incorpora 07/01/1994	ted or Qualified	3a. Date of 03/05/		eport
2. Principal P	lace of Busin	2a	2a. Mailing Address						4. FEI Number		1 2-1-01		plied For	
21				26						59-325411	9		No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						6. Certificate of St	atus Desired	□ \$	8.75 Fee Re	Additional equired
City & Stat	e		City & State						6. Election Campa	ign Financing		\$5.00	May Be	
23		28							Trust Fund Con	tribution		Added		
Zip		hand hand hand				Co	Ountry 8. This corporation has fiability for intangible							
24		29				.			Florida Statutes		Yes 🔲 N			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age														
HEWETT, BILLY R							81 Name							ļ
	HIGHLAND					82 Street Address (P.O. Box Number is Not Acceptable)								
TAR	PON SPRII													
						83								
							84	City			<u></u>	FL 8	5 Zip	Code
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 life # applicable (NOT: Registered Agent signature required when reinstaling) DATE														
12.	Signature, syrec	OFFICERS AND			(NOII	13.	ec Age	TH a griature	16qu 160	ADDITIONS/CHA	NGES TO OFFIC		RECTOR	S IN 12
TITLE	D DELET					1,1	TILE						Change	Addition
NAME	HEWETT			1	1.2 NAME					_	-	;		
STREET ADDRESS			135	13386	ADDRESS									
CITY-ST-ZIP	TARPON	SPRINGS FL 34689		}			1.4 CiTY - S1 - ZiP]}
TITLE	D	· · · · · · · · · · · · · · · · · · ·			DELETE		TILE						Change	Addition
NAME	HEWETT	CAROLYN		2			2.2 NAME 2.3 STREET ADDRESS							
SYREET ADDRESS	89 HIGH	AND RD.												ľ
CITY-ST-ZIP	TARPON	SPRINGS FL 34689					2. 4 CITY-S1-ZIP							
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NAME						321	IAME							ļ
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NAME						4. 2	NAME	j)					1
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NAME						5.2 f	IAME							Ī
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CITY-ST-ZIP						5.4 (ny-si	I - ZIP						
TITLE	<u>-</u>				ELETE	6.1 1	ITLE						Change	☐ Addition
NAME					•	6.2 /	IAME							
STREET ADDRESS						6.3 5	IREE1	ADDRESS						Į
CITY-ST-ZIP							HY-SI							
14. I do heret	by certify that	t the information supplied	with the	nis filing does	not qualif	y for the	exer	mption s	tated in	n Section 119.07(3)(i), Florida Statutes	. I further cer	tify 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 it made under o t 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. R. OL. S. COUNTINHAL BOOM BY WOWN IT

2/2/01 013-924 0075