

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:04

DOCUMENT # P94000056137 (0)

1. Corporation Name

HOVERCRAFT CONCEPTS, INC.

Principal Place of Business

14034 S.W. 140 ST.
MIAMI FL 33186

Mailing Address

14034 S.W. 140 ST.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 13910 SW 139th Court

2a. Mailing Address

26 13910 Sw 139th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

24 Zip Country

24 33186

29 Zip Country

29 33186

4. FEI Number

65-0510186

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEDSWORTH, KEVIN
14034 S.W. 140 ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
13910 SW 139th Court

83

84 City Miami

FL

85 Zip Code
33186

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D / P
NAME BEDSWORTH, KEVIN D
STREET ADDRESS 8255 S.W. 94 ST.
CITY-ST-ZIP MIAMI FL 33157

TITLE D / VP / Sec
NAME FLETT, WILLIAM E
STREET ADDRESS 11920 S.W. 271 TERR.
CITY-ST-ZIP MIAMI FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP / Sec ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Signature and typed or printed name of signing officer: William E. Flett

305-256-8696

Daytime Phone