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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056137 (0)

HOVERCRAFT CONCEPTS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			T A BOTTOOK THE TRIKE GOERF COURT COURT COURT COURT COURT COURT THOSE COURT COURT
13910 SW 1391 MIAMI FL 3318 US		13910 SW 139TH COURT MIAMI FL 33186 US	MIAMI FL 33186		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Addres				·	07/28/1994 4. FEI Number Applied For
21	400 (1 203 note	26	¬		65-0510186 Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired S8.75 Additional
22	27			Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Q4 Name					10, Name and Address of New Registered Agent
BEDSWORTH, KEVIN			L		
	10 SW 139TH COURT MI FL 33186		ľ	Street Add	lress (P.O. Box Number is Not Acceptable)
MIA	WII LT 33 100		1	13	
				14 City	85 Zip Code
				1	FL ~
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 biffice 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 if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 1fTL	E	☐ Change ☐ Addition
NAME	B edsworth, Kevin D		1.2 NAM	1E	
STREET ADDRESS			1.3 STA	FET ADDRESS	
CITY-ST-ZIP	MIAMI FL	I DOLLTE	_	'-ST-ZIP	Change Addition
TITLE	DVPS	☐ DELETE	2.1 TITL		Contings C Addition
NAME	FLETT, WILLIAM E 11920 S.W. 271 TERR.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		2. 4 City-St-Zip		
CITY-ST-ZIP TITLE	MICAN I E	DELETE	3.1 TITL		Change Addition
NAME	3.2 M		3.2 NAM	IE .	
STREET ADDRESS	DORESS		3 3 STR	eet address	,
CITY-ST-ZIP	3.4.		3.4. CIT	Y-ST-ZIP	
TITLE		DELE te	4.1 THTL	E	Change Addition
NAME			4. 2 NAI	ME	
STREET ADDRESS			4.3 STR	EE1 AODRESS	
CITY-ST-ZIP		T DELETE	_	'-ST-ZIP	☐ Change ☐ Addition
TITLE		DELETE	5.1 TITU	i	Change — Addition
NAME			5.2 NAA	1	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-5 ELETE 6.1 TITLE		☐ Change ☐ Addition
NAME		La venue de	6.2 NAN		_ · _
STREET ADDRESS				EET ADDRESS	
CITY-ST-7IP			6.4 CITY	-ST-ZIP	
14. I hereby c	ertify that the information supplie	d with this filing does not qualify fo	r the exer	nption 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 outh; 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 chapter, or on an attachment with an address.

Tun 16,1095