

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000064386 (3)**

1. Corporation Name
MANATEE AIRBOAT TOURS, INC.



Principal Place of Business Mailing Address
7500 40TH AVE. W. STE. 501 BRADENTON FL 34209

3. Date Incorporated or Qualified **08/31/1994** 3a. Date of Last Report **06/26/1995**
4. FEI Number **65-0519905** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**GRAHAM, JOHN L JR.
390 N. ORANGE AVE., STE. 1890
ORLANDO FL 32801**

** John Graham is no longer the registered agent. Please change.*

10. Name and Address of New Registered Agent

81 Name **CREMASCHI, KATHLEEN M**
82 Street Address (P.O. Box Number is Not Acceptable) **7500 40th Ave W # 501**
83
84 City **BRADENTON** FL 85 Zip Code **34209**

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 *Kathleen M Cremaschi* DATE **4/26/96**
Sign with typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CREMASCHI, RICHARD	
STREET ADDRESS	7500 40TH AVE. W. STE. 501	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CREMASCHI, KATHY	
STREET ADDRESS	7500 40TH AVE. W. STE. 501	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KITTREDGE, CONWAY	
STREET ADDRESS	1600 W. COLONIAL DR., STE. 200	
CITY-ST-ZIP	ORLANDO FL 32804	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	ST VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CREMASCHI, KATHY		
2.3 STREET ADDRESS	7500 40th Ave W Ste 501		
2.4 CITY-ST-ZIP	BRADENTON FL 34209		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(3)(k), 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: *Kathleen M Cremaschi* DATE **4/26/96** TELEPHONE **941-730-1011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)