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95 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000066580 (9)**  
1. Corporation Name  
**KMI FANTASTIC BOATS, INC.**

Principal Place of Business Mailing Address  
**5200 N. FEDERAL HWY #2  
FT. LAUDERDALE FL 33302 33308** **5200 N. FEDERAL HWY #2  
FT. LAUDERDALE FL 33302 33308**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **09/06/1994** 3a. Date of Last Report **NONE MADE**

4. FEI Number **650525748** 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

9. Name and Address of Current Registered Agent

**SUROWIECKI, STEPHEN C  
5200 N. FEDERAL HWY #2  
FT. LAUDERDALE FL 33302 33308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 *Stephen C. Surowiecki* *Stephen C. Surowiecki* *April 3, 95*

(Signature of two or more officers or directors of registered agent and fee is applicable) (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **SMITH, BOYD**

STREET ADDRESS **C-14 HILLTOP DR.**

CITY, ST, ZIP **WHANGAREI, NEW ZEALAND**

TITLE **D**

NAME **SMITH, MACHIKO**

STREET ADDRESS **C-14 HILLTOP DR.**

CITY, ST, ZIP **WHANGAREI, NEW ZEALAND**

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

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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)(a), 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 in an attachment with additions.

SIGNATURE: *Boyd Smith* **Boyd Smith** *April 15, 95* **305 9424826**

(Signature and Title of Registered Agent or Director) (Date) (Official Phone #)