

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073829 (1)

1. Corporation Name

ABLE BOAT, INC.

Principal Place of Business

15840 S.W. 84TH AVENUE
MIAMI FL 33157

Mailing Address

15840 S.W. 84TH AVENUE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

4. FEI Number

☒ 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

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

9. Name and Address of Current Registered Agent

(ADDRESS CHANGE ONLY)

VAN DER WALL, ROBERT J

4175 N.W. 153RD CT.

SUITE 225

MIAMI LAKES FL 33014

SUITE 4600
FBI Union Financial
CONTON
200 S. BISCAYNE BLVD.
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81

Name

VAN DER WALL, ROBERT J.

82

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

SUITE 4600, FBI Union Financial

83

City

CONTON, 200 S. BISCAYNE BLVD.

84

City

MIAMI,

FL

85

Zip Code

33131

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, Type and printed name of registered agent and the Agent)

(Signature, Type and printed name of registered agent and the Agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BURG, DONALD E
STREET ADDRESS	15840 S.W. 84TH AVE.
CITY, ST, ZIP	MIAMI FL 33157
TITLE	D
NAME	FABIAN, CARL
STREET ADDRESS	577 N.E. 96TH STREET
CITY, ST, ZIP	MIAMI SHORES FL 33138
TITLE	D
NAME	LACOMBE, RAY
STREET ADDRESS	1500 N.E. 105TH ST.
CITY, ST, ZIP	MIAMI SHORES FL 33138
TITLE	D
NAME	TAKASUGI, JIM
STREET ADDRESS	1310 N.W. 43RD AVE. NO 102
CITY, ST, ZIP	FT. LAUDERDALE FL 33313
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ 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 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:

Donald E. Burg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/95 505/233-4306
Date