## 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 # P94000078516 (9)

WATERCRAFT TECHNICAL SURVEYORS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 17 1998 8:00am Secretary of State



US	ACH FL 33435	129 WEST OCEAN AVENU BOYNTON BEACH FL 334 US	_	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  10/24/1994  4. FEI Number	SPACE Applied For	
21 2984	SAVANNAHWAY	26 SAME		65-0539926	Not Applicable	
Suite, Apt.	#, etc. # 101	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 MEL	BOURNE, FL.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 32935	-3638 25 BREVARD		Country .		Yes No	
	9. Name and Address of Current	10. Name and Address of New Registered	Agent			
DOHERIY, KENNETH J			81 Name	81 Name		
2984 SAVANNAH WAY, #101 MELBOURNE FL 32935						
			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						
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature requ			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	\$T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	DOHERTY, KENNETH J		1.2 NAME			
STREET ADDRESS	2984 SAVANNAH WAY, #101		1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	☐ DELETE	1.4 CHY-ST-ZIP 2 1 TITLE		Change Addition	
TITLE	P COUCOTY CYNTUIA A		2.2 NAME		C curille C vicence.	
NAME	DOHERTY, CYNTHIA A 2378 NW 39TH AVE.		2.3 STREET ADDRESS			
STREET ADDRESS	COCONUT CREEK FL		2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	COCONOT CHEEK FL	DELETE	3.1 TITLE		——————————————————————————————————————	
NAME					☐ Change ☐ Addition	
STREET ADDRESS					☐ Change ☐ Addition	
CITY-ST-ZIP			3.2 NAME		∐ Change L3 Addition	
0111-01-25			3.2 NAME 3.3 STREET ADDRESS		∐ Change ☐ Addition	
TITLE		DELETE	3.2 NAME		Change Addition	
TITLE NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP			
1			32 NAME 33 STREET ADDRESS 34. CHY-ST-ZIP 4.1 TITLE			
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME			
NAME			32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	32 NAME 33 STREET ADDRESS 34. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	DELETE	32 NAME 33 STREET ADDRESS 34. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ DELETE	32 NAME 33 STREET ADDRESS 34. CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		Change Addition  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-	☐ DELETE	32 NAME 33 STREET ADDRESS 34. CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition  Change Addition	

6. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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.

whent 4-11-98 1-407-219-420