

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092530 (2)

1. Corporation Name
BOAT CITY, INC.

Principal Place of Business
**234 S FEDERAL HWY
POMPANO BEACH FL 33062**

Mailing Address
**234 S FEDERAL HWY
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report

4. FEI Number
65-0541244

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILLEM, SCOTT
3284 N STATE RD 7
LAUDERDALE LAKES FL 33319**

81 Name **AMY LEIBMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
1360 NW 37 ST
83
84 City **LAUDERHILL FL** 85 Zip Code **33319**

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

AMY LEIBMAN

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required with filing)

Amy Leibman

2-23-95

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST**
NAME **LEIBMAN, DAVID**
STREET ADDRESS **234 S FEDERAL HWY**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

TITLE **D**
NAME **LEIBMAN, DAVID**
STREET ADDRESS **234 S FEDERAL HWY**
CITY - ST - ZIP **POMPANO BEACH FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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NAME
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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 119.02(2)(b), 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: **DAVID S. LEIBMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95 (JOS) 942-1230