FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham e

Secretary of State DIVISION OF CORPORATIONS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

P95000009669 (9) **DOCUMENT #**

H & J BOAT MAINTENANCE CORP.

Principal Place of Business

P O BOX 245 ISLAMORADA FL 33070

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

12.

TITLE

NAME

NAME

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NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

21

22

23

24

Mailing Address

FILED

Feb 19 1998 8:00am

Secretary of State

cipai riace	OI DUSINGSS	MICHIEL	g Addiess					
O BOX 245 LAMORADA	FL 33070	P O BOX 245 ISLAMORADA FL 33070					DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 02/06/1995	
rincipal Pla	ce of Business	2a. Mailing Address					4. FEI Number Applied For 65-0576489 Not Applied	
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27 City & State 28					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State						-	Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country Z ₁ p 25 29			Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Registered Agent	
HEF	RZOG, JOSEPH				81	Name		
35	SAN PEDRO TRAILER PARK EMARKER 87 OLD HWY				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
PLA	NTATION KEY FL 33070				83	·		
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					84	City	FL 85 Zip Code	
NATURE	i gna ture, typed ог printed папле of registered a g	pent and title if ap	ol-cable (NO	TE: Registere			coration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registere ed when reinsteling) DATE DATE	
	OFFICERS AF	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
i	U		DELETE	1.1 1	ITLE		Change Addi	IION
	HERZOG, HEIDI 9		•	1.2 N	AME			
ET ADDRESS	P-O-BOX-245 N/A-			1.3 S	TAEET	ADDRESS		
ST-ZIP	4SLAMORADA FL 33070-		T nei een			T-ZIP	Change Addi	tion
			☐ DELETE	2.1 T			Change Addi	IIOII
				2.2 N				
ET ADDRESS						ADDRESS		
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.				3.2 N		i		
ET ADDRESS						ADDRESS		
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- 51-2m			DELETE	4.1 T			Change Addi	tion
				4.21	NAME			
ET ADDRESS				4.3 S	TREET	ADDRESS		
-ST-ZIP						IT-ZIP		
			DELETE	5.1 T			Change Addi	tion
:				5.2 N	AME			
						4000000		

6.4 CITY-ST-ZIP 14. 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 acqurate 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. 3-0122

Change

Addition