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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000019627 (5)

FISCHETTI'S ROCKETSHIP WATERCRAFT OF FLORIDA, IN

FISCHE C.	TTI'S ROCKETSHIP WA	ATERCRAFT OF FL					
Principal Place of Business		Mailing Address					
2320 FIRST ST BRADENTON F		2320 FIRST ST W BRADENTON FL 34208		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				03/08/1995			
2. Principal Place of Business		2a. Mailing Ad	dress	4. FEI Number	Applied For		
21		26		65-0562785	Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required		
City & State		City & State	9		\$5.00 May Be Added to Fees		
Zip 24	Country 25	7 ip	Country 30	8. This corporation owes or has paid the current Personal Property Tax due June 30.			
	9. Name and Address of Cu	irrent Registered Agen		10. Name and Address of New Registered Age	nt		
2320	.Y \$.Z KO, GERALD G D F IRST ST W .D E NTON FL 34208		81 Name 82 Street	Address (P.O. Box Number is Not Acceptable)	***************************************		

11. Pyrsuant 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

agent. I a	m fa miliar with, and accept the obligations of, Section 607.0	5505, Florida	a Statutes.	OFACIONS COURTS OF CIT	ectors, Thereby accept	the appointment as	i eñizie:ea
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Re	pistered Agent signature	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	(1	13.		S/CHANGES TO OFFICE		S IN 12
TITLE	P DEL	LETE	1.1 DTLE			Change	Addition
NAME	MALYSZKO, GERALD G	ſ	1.2 NAME				
STREET ADDRESS	8400 GULF BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETE BEACH FL 33706		1.4 CITY-ST-ZIP				
TITLE	☐ DE	LETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	<u></u>		2. 4 CITY-ST-ZIP				
TITLE	☐ DEI	LETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		l	3.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. CITY - ST-ZIP				
TITLE	DEL	LETE	4.1 TITLE			☐ Change	Addition Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	DEL	LETE	5.1 TITLE	,		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	DEC	LETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS		ſ	6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-S1-7IP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

4/20/98 941-747-1242

FILED

May 15 1998 8:00am

Secretary of State

Applied For Not Applicable