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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042194 (7)

FILED Apr 28 1998 8:00am Secretary of State

	AIRBOATS, INC.					
Principal Place	of Business	Mailing Address				
28501 E. HIGHWAY 50 28501 E. HIGHWA CHRISTMAS FL 32709 CHRISTMAS FL 3					DO NOT WRITE IN THI	IS SPACE
					3. Date Incorporated or Qualified	
					05/31/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3321165	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
22		27		B. Certificate of States Desired	Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	_ 	28	1		Trust Fund Contribution LJ	Added to Fees
Zip	Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No	
24	25 Name and Address of Curren	29 Angletered Agent	30		10. Name and Address of New Registers	
	<u> </u>		8	1 Name	10. Italia mile stemper of treit stellione	
	RPORATION SERVICE COMPAN'	T	L			
	1 HAYS STREET		8	Street Add	Iress (P.O. Box Number is Not Acceptable)	
IAL	LAHASSEE FL 32301-2525		8	3		
			L.			·
			8	City	F	85 Zip Code
SIGNATURE	Signature Typon or protect resource transition agri	ex and the arms also (N	OH Registered A		poration submits this statement for the purpose sticon's board of directors. I hereby accept the a property of the directors	-/0
12.	OFFICERS AN		13.	,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	PV8T	☐ DELETE	1.1 TITL			CT change CT vogeon
NAME	GOMEZ, JOSE 28501 E. HIGHWAY 50		1.2 NAME			
STREET ADDRESS	CHRISTMAS FL 32709		1 3 STREET ADDRESS 1 4 CITY - ST - ZIP			
CITY-ST-ZIP	DELETE		21 THE			Change Addition
NAME	GOMEZ, JOSE			1		_ ,
STREET ADDRESS	28501 E. HIGHWAY 50		2.2 NAM 2.3 STRI	EET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL 32709			Y - ST - ZIP		
TITLE	DELETE		3.1 TITU			☐ Change ☐ Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP		
TITLE	☐ DELETE 4		4.1 THU	ŧ i		Change Addition
NAME			4. 2 NAM	AF		
STREET ADDRESS			4.3 STR	EFT ADDRESS		
CITY-ST-ZIP				'- S1- ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	DELETE			'-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 11TL			Change C Addition
NAME			6.2 NAN			
STREET ADDRESS				EE1 ADDRESS		
CITY-ST-ZIP	portify that the information surplied w	oith this filing does not qualify		r-ST-ZIP	n Section 119.07(3)(i), Florida Statutes, I further	r certify that the information

r nereby cermy treat the information supplied with his tiling does not quality for the exemption stated in Section 1 19.07(3)(), Florida Statutes. Further certify that find information indicated on this annual report or supplied entitled 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 employees 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 or an attachment with an address.