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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000043391 (8)

BOATING ZONE, INC.

SIGNATURE:

					INGGO KUBBA IJANA (ININ PAPAK KUBI INAK	
Principal Plac	e of Business	Mailing Address		e effisiefie fem ememe beier differ deres mitter f	lätte gittat tittä ittea laiat iset 1861	
2520 SOUTHSHORE DR SE 2520 SOUTHSHORE DR SE ST PETERSBURG FL 33705 ST PETERSBURG FL 33705						
us		U\$				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				06/06/1995	04/12/1996	
2. Principal P	Piace of Business	2a. Mailing Address	~1	4. FEI Number	Applied For	
21		28 700 Yinela	<u>5 5†.                                   </u>	59-3311517	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		4. Certificate of Status Desired	Fee Required	
City & Stat	le .	City & State	<b>1</b>	6. Election Campaign Financing	\$5.00 May Be	
23		28 Clearwater	, FL	Trust Fund Contribution	Added to Fees	
<b>Z</b> ip	Country	Zip	Country	8. This corporation has liability for it		
24	25	29 346/6 31	0	Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
KELI	LEY, PAUL		81 Name			
	MARINE TOURS, INC.		62 Street Add	from (D.O. Day Number in Not Assentab	la\	
703-B GRAND CENTRAL			Street Address (P.O. Box Number is Not Acceptable)			
	CLEARWATER FL 34616			83		
OLL	ARTIAILER I L 34010		<b>i</b>			
			84 City	arwater FL	FL 85 34616	
	10-1-007-006	00 - + 007 4500 51-4- 01-4-	<u> </u>	ALMA CEL L		
11. Pursuant office or I	to the provisions of Sections 607050 registered agent, or Hoth, in the State	uz and 607.1506, Fiorida Statutes, e of Florida. Such change was eut	the above-hamed cor horized by the corpora	poration submits this statement for the partion's board of directors. I hereby access	urpose or changing its registered	
agent La	am familiar with and coost the oplig	ations of, Section 607.0505, Florid	da Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	1	
SIGNATURE	1 - Total All	<b>~</b>			4 l/2 l 97	
0.000			tegistered Agent signature requ		DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITEF	P	DELETE	1,5 TITLE	/SEC/TERNS.	Change Addition	
NAMÉ	HOURIHAN, PATRICK	•	1.2 NAME	aul J. Kelley		
STREET ADORESS	2520 SOUTHSHORE DR SE		1.3 STREET ADDRESS	67 BMY ESPLANANT #	6	
C)1Y - S1 - ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	CLEMEWATER PL 34	t life	
THUE "		☐ DELETE	2.1 TITLE		Change Addition	
NAME *			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST ZP	1		2 4 CITY-ST-ZIP			
TITLE		DELETE	31 TITLE		Change Addition	
NAME		lead to a wife a	32 NAME		time and the second sec	
			3.3 STREET ADDRESS			
STREET ADDRESS	1					
C(1) - 51 - Z(F		DELETE	3.4 CITY-ST-ZIP		Change Addition	
THUE		C DECEIE	4.1 TITLE		FT custings FT Admitton	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY-ST-ZIP			
THILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME:			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
Tite		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
NUMBER ADDRESS	1		■ D A STREET ATTREES.			

64CITY-ST-ZIP

14. I do 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 orgine registry, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name