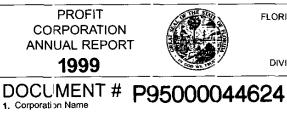
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

RALPH'S BOAT & MOTOR WORKS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90200 032 ***150.00

							· <u> </u>		(10 10 1 1 1 1 1 1 1 1
Principal Place	e of Busines	s	Mailing Add	dress					
612 S. SYLVAN DRIVE 612 S. SYLVAN DRIVE									
BRANDON FL 33510 BRANDON FL 33510			FL 33510			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	SFACE	
							1 ·		
			—— T————				06/01/1995		
			Mailing Address			4. FEI Number	Applied For Not Applicable		
21			26				59-3325235		
Suite, Art. #, etc.				Apt. #, etc.			5. Certifcate of Status Desired	•	Acditional Required
22			27						
City & Stat	te		City &	State			6. Election Campaign Financing		May Be
23			28				Trust F and Contribution		to Fees
Zip		Соилту	Zip	_	Country		8. This corporation owes the current year int		[]No
24		25	29	3	0		Person at Property Tax.	Yes	- (JINO
	9. Name	and Address of Cu	rrent Registered A	gent	81		10. Name and Address of New Registered	Agent	
AL M	IIROLA, BO	ADDI			*'	Name			
					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	S SYLVAN				Ĺ				
BHA	NDON FL	33510			83				J
					84	City		85 Zip	o Code
							FL	. .	
office crr	registered ag ım familiar w	gent, or bo h, in the Si ith, and accept the ob	tate of Florida. Such bligations of, Section	change was auth 607.0505, Florid	norized by la Statutes	the corpora	rporation submits this statement for the purpose of tion's board of cirectors. I hereby accept the appointment when reinstating)	ntment as	reg stered
40	Signature, typed		S AN() DIRECTORS	. (40)	13.	c algridate rock	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	D	OFFICERC	AND DIRECTORS	DELETE	11 TITLE		ABBITION OF INTOLES TO OFF RELICENT	Change	
	ALMEDOL	A, BOBBI			1.2 NAME	1			-
NAME					1				
STREET ADDRESS		YLVAN DRIVE			1.3 STREE				
CITY-ST-ZIP	BRANDO	IN FL		DELETE	1.4 CITY-S	T-ZIP		Change	e Addition
TITLE	VP			☐ DEFEIE	2.1 TITLE)			, <u>", , , , , , , , , , , , , , , , , , </u>
NAME		A, ROBERT			2.2 NAME				
STREET ADDRESS		KNOX STREET			2.3 STREE	ADDRESS			
CITY-ST-ZIP	TAMPA I	FL 33614			2. 4 CITY-5	T-ZIP			- O Addition
TITLE				☐ DELETE	3.1 TITLE	J		Change	e
NAME					3.2 NAME	-			
STREET ADDRESS			•		3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4. CITY-5	T-ZIP			
TITLE				☐ DELETE	4.1 TITLE			Change	e Addition
NAME					4.2 NAME				ĺ
STREET ADOR: SS	1				4.3 STREE	ADDRESS			
CITY-ST-ZIP					4.4 CITY-S	T-ZIP			
TITLE				DELETE	5.1 TITLE			☐ Change	e Addition
NAME	1				5.2 NAME	1			-
STREET ADDR ESS					5.3 STREE	ADDRESS			
CITY-ST-ZIP					5.4 CITY-S				ļ
TITLE	 			DELETE	6.1 TITLE			☐ Change	e
	1				6.2 NAME	1		_ •	{
NAME						ADDRESS			1
STREET ADDRESS	d.								l

6.4 CITY-ST-ZIP 14. I here by 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 coath; 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: Babli Alan