

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

P1 of 2

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

600001774466
-04/09/96--01123--024
***208.75

DOCUMENT # **P95000048816 (9)**

1. Corporation Name
BOAT DEALERS' ALLIANCE, INC.



Principal Place of Business 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131	Mailing Address 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131
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3. Date Incorporated or Qualified 06/20/1995	3a. Date of Last Report N/A
4. FEI Number 41-1822266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3983 Pine Point Rd. Suite, Apt. #, etc. 22 City & State 23 St. Cloud, MN Zip 24 56303	2a. Mailing Address 26 3983 Pine Point Rd. Suite, Apt. #, etc. 27 City & State 28 St. Cloud, MN Zip 29 56303	Country 25 U.S.A.	Country 30 U.S.A.
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9. Name and Address of Current Registered Agent NAGIN, STEPHEN E 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1 1 TITLE ED 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2 1 TITLE P 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3 1 TITLE VP/D 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4 1 TITLE T/D 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5 1 TITLE S/D 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6 1 TITLE D 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/Executive Director Rick Manion - c/o BDA 3983 Pine Point Road St. Cloud, MN 56303
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/President Bob Soucy - c/o Pt. Harbor Marine Spring Point Marine South Portland, ME 04106
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/Vice President/Dir. Tony Lumpkin - c/o Buck's Island 2600 Buck's Island Road Southside, AL 35907
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/Treasurer/Dir. Gene Killinger-c/o Killinger Marine 84 West Airport Boulevard Pensacola, FL 32503
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/Secretary D/Director Kay Crocker - c/o Crocker Marine 528 Waynick Boulevard Wrightsville Beach, NC 28480
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/ Frank Franklin c/o Custom Marine 25 South Terrell Street Metter, GA 30439

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Stephen E. Nagin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-96

Handwritten initials and date

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT 1996



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CONTINUATION OF ITEM 13
(ADDITIONS OF OFFICERS AND DIRECTORS)

DOCUMENT # P95000048816 (9)

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BOAT DEALERS' ALLIANCE, INC.

Principal Place of Business: 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131
Mailing Address: 801 BRICKELL AVENUE SUITE 1501 MIAMI FL 33131

3. Date Incorporated or Qualified: 06/20/1995
3a. Date of Last Report
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
NAGIN, STEPHEN E
801 BRICKELL AVENUE
SUITE 1501
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE D	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mike Hebert-c/o Texas Marine
STREET ADDRESS		1.3 STREET ADDRESS	1140 I-10 N
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Beaumont, Texas 77702
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Larry Russo-c/o Russo Marine
STREET ADDRESS		2.3 STREET ADDRESS	357 Mystic Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Medford, MA 02155
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Wally Wall- c/o Summerville Marine
STREET ADDRESS		3.3 STREET ADDRESS	928 West 5th N Street (HWY 78)
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Summerville, SC 29483
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bill Schaefer - c/o Beaver Park Mr.
STREET ADDRESS		4.3 STREET ADDRESS	6101 West Erie Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lorain, OH 44053
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

3-3-96

CR2E034 (12/95)