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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # **P95000056887** (9)

FISHCUTTER MARINE, INC.		
Principal Place of Business	Mailing Address	
11869 81ST AVENUE NORTH SEMINOLE FL 34642	11669 81ST AVENUE NORTH SEMINOLE FL 33772-4035	

FILED Apr 21 1997 8:00am Secretary of State



04/30/1996

3. Date Incorporated or Qualified

07/21/1995

2. Principa	pal Place of Business 28. Mailing Address 26.			****	4. FEI Number 59-3327600		oplied For	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			***************************************	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	City & State City & State			***************************************	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7 _{IP}	Country 25	Zip 29		Country	,	8. This corporation has liability for intangible Florida Statutes	e tax under s	199.032,
LE-71	9. Name and Address of Curre		ent	1001		10. Name and Address of New Registered		
N/A	ACHMAN, BARBARA N			81	Name			
11000 SICT AVENUE NODTH								
				82	82 Street Address (P.O. Box Number is Not Acceptable)			
			B3					
i				84	City		85 Zip (Code
					<u> </u>	Fl		
office of agent.	or registered agent, or both, in the State I am familiar with, and accept the oblig	e of Florida. Such pations of, Section	change was to 607.0505, Fk	authorized by orida Statutes	the corporat s.	coration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATUR	H			7.5		red when reinstating) DATE		
40	Sign one type dior printed name of registered ag	eri and little if applicable ID DIRECTORS	e. (NOI	13.	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	20 INI 12
12.	PD		DELETE			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
THE	NACHMAN, LEONARD K		☐ beceit	1.1 TITLE			L Change	TT Madding
NAME	44000 040T AVENUE MODITU			1.2 NAME				
STREET ADORE				1.3 STREET	ADDRESS			
CITY-S1-7IF	SEMINOLE FL 34642			1.4 CITY - \$	IT-ZIP			
TiTLE	VPD		☐ DELETE	2.1 TITLE			Change	Addition
NAME	NACHMAN, BARBARA N			2.2 NAME				
STREET ADDRE				2.3 STREET	ADDRESS			
CITY - ST - 7IP	SEMINOLE FL 34642			2.4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRES	ss			3.3 STREET	ADDRESS			
CHY-ST-ZIP				3.4, CITY-	į.			
THE			DELETE	4.1 TITLE	31-2"		Change	Addition
NAME				4. 2 NAME				
STHEET AUDRE	ce			4.3 STREET	ADDRESS			
	"			1	ſ			
CITY - ST - ZIP			DELETE	4.4 City - 5 5.1 Title	1-21		Change	Addition
						•	crowde	Figuration
NAMÉ				5.2 NAME				
STREET ADDRE	22			5.3 STREET				
CITY - S1 - ZIP			T DELETE	5.4 CITY-S	ST-ZIP		11 64444	January -
TITLE			DELETE	61 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRE	SS			6.3 STREET	ADDRESS			
City-St-ZiP				6.4 CITY - 9				
i am a	ereby certify that the information supplic ation indicated on this annual report or in officer or director of the corporation of irs in Block 12 or Block 13 if changed; o	r the receiver or t	trustee empow	vered to exec	emption stated trate and that cute this repor	d in Section 119.07(3)(i), Florida Statutes, 1 furth t my signature shall have the same legal effect a rt as required by Chapter 607, Florida Statutes;	er certify that as if made und and that my r	the der oath; that name