

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

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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000064718 (6)

1. Corporation Name
OUTBOARDS ONLY, INC.



Principal Place of Business: 890 PONDELLA RD NORTH FT MYERS FL 33903
Mailing Address: 890 PONDELLA RD NORTH FT MYERS FL 33903-3517

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report: 03/21/1996

21	2. Principal Place of Business 890 Pondebella Rd. Suite, Apt. #, etc. North Fort Myers, FL City & State Zip 33903	26	2a. Mailing Address 890 Pondebella Rd. Suite, Apt. #, etc. North Fort Myers City & State FL Zip 33903	29	Country LEE	4.	FEI Number 65-0610350	Applied For	<input checked="" type="checkbox"/> Not Applicable
22		27		30	Country LEE	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23		28				6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24		29		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
KRAFT, GARY J
890 PONDELLA RD
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent
81 Name: KRAFT, Gary J.
82 Street Address (P.O. Box Number is Not Acceptable): 890 Pondebella Rd.
83
84 City: North Fort Myers FL 85 Zip Code: 33903

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, GARY J	1.2 NAME	
STREET ADDRESS	3595 JADE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST JAMES CITY FL 33956	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, DIXIE L	2.2 NAME	
STREET ADDRESS	3595 JADE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST JAMES CITY FL 33956	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 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 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: Gary Kraft DATE: 2-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 941-997-9880

CR2E034 (9/96)