

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

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P95000065921 (5)**

1. Corporation Name
CENTURY BOAT COMPANY, INC.

Principal Place of Business

**6725 BAYLINE DR
PANAMA CITY FL 32404**

Mailing Address

**6725 BAYLINE DR
PANAMA CITY FL 32404-4809**



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|--------------------------------|-------------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/24/1995 | 3a. Date of Last Report 03/28/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-3331486 | | Applied For Not Applicable | |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PD | 1.1 TITLE | Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHIBUYA, MASAHIKO | 1.2 NAME | Hiroshi Tanaka |
| STREET ADDRESS | 6555 KATELLA AVE | 1.3 STREET ADDRESS | 6555 Katella Avenue |
| CITY- ST- ZIP | CYPRESS CA 90630 | 1.4 CITY- ST- ZIP | Cypress, CA 90630 |
| TITLE | STD | 2.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TANAKA, HIROSHI | 2.2 NAME | Phil Dynkow |
| STREET ADDRESS | 6555 KATELLA AVE | 2.3 STREET ADDRESS | 6555 Katella Avenue |
| CITY- ST- ZIP | CYPRESS CA 90630 | 2.4 CITY- ST- ZIP | Cypress, CA 90630 |
| TITLE | SD | 3.1 TITLE | Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JURA, RUSSELL D | 3.2 NAME | James Robinson |
| STREET ADDRESS | 6555 KATELLA AVE | 3.3 STREET ADDRESS | 6555 Katella Avenue |
| CITY- ST- ZIP | CYPRESS CA 90630 | 3.4 CITY- ST- ZIP | Cypress, CA 90630 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | |
| 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:

Russell D Jura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97
Date

761-7709
Daytime Phone #

CR2E034 (9/96)