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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P95000072517 (2)

FLORIDA BOAT SALES & RENTALS, INC.

Principal Place of Business Mailing Address								I BRAH BUNN BUNN	BOURD BARRE (BORD 1986)	Tildi (IBI) (BA) (BA)
1414 BAYSHORE BLVD. 1414 BAYSHORE BLVD DUNEDIN FL 34698 DUNEDIN FL 34698					VD.					
							3. Date Incorporated 09/19/1995	or Qualified	3a. Date of Last	Report
	cipal Place of Busin	ess	<u> </u>	lailing Address			4. FEI Number	•	·	Applied For
21 Suite	e, Apt. #, etc.		[26]				Applied	FOF		Not Applicable
22			27	uite, Apt. #. etc.			5. Certificate of Statu		1 1	75 Additional e Required
23	& State		28	ity & State			Election Campaign Trust Fund Contrib			.00 May Be ded to Fees
Zip		Country	71	p	Country		8. This corporation ha		•	s 199.032,
24	9 Name	25 and Address of	29 Current Register	ed Agent	30		florida Statutes	Yes	_	×
		and Addiess of	Correit negister	10. Name and Addre	SS Of New H	egistered Agent				
C	O MOITAGOGGO	EDVICE COMPA	NV		81		zeifeld. S	ten		
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Addr	ress (P.O. B <u>ox</u> Number is N	lot Acceptabl		
TALLAHASSEE FL 32301-2525							117 DAY	SNOW	= FNG	•
	LD WWW.OOLL 1	020012020	$\overline{}$	_						
4.				A.	84	City	media		E1 85	Zip Code
11. Pu	rsuant to the provis	one of Sections 60	7,7502 and 607.1	508. Florida State	ites, the above i	nameo corpor	ration submits this stateme	nt for the pure	lose of changing it:	s registered office
or r fam	rsuant to the playis registered agent, or nil a with, and acce	Loth, in the State of the ebildal on a	яттолаа австед	iange was author 05 Florida Statute	ized by the con:	oration's boa	rd of directors. Thereby acc	cept the appo	intment as register	ed agent. I am
SIGNAT				7	5.5.					
SIGINA	Signature typed	o Inted name of syste	all agent aid site picoi-	Castran (N	NOTE Registered Age i	f Signature response	dwhermansharing		OA1F	
12.		OFFICE	RS AND DIRECTO		13.		ADDITIONS/CHAN	GFS TO OFFI	CERS AND DIREC	IORS IN 12
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CITY-ST-	ZIF:				6.4 CITY - S	F ZIP				

14. I do hereby certify that the information supplied with this filling 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 editress.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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