

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000088792 (3)

1. Corporation Name

AZZURA BOATWORKS, INC.

Principal Place of Business

671 MARBURY LANE
LONGBOAT KEY FL 34228

Mailing Address

671 MARBURY LANE
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report

4. FEI Number

58-2214617

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 6581 43rd St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1304

27

City & State

City & State

23 Tallahassee, FL

28

Zip

Country

Zip

Country

24 33781

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SODERGREN, HAKAN
671 MARBURY LANE
LONGBOAT KEY FL 34228

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 President ☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME ANTHONY CELLAMARE

1.2 NAME

STREET ADDRESS 11340 4th St. E.

1.3 STREET ADDRESS

CITY-ST-ZIP TREASURE ISLAND, FL 33706

1.4 CITY-ST-ZIP

TITLE Sec/TREASURER ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME HAKAN SODERGREN

2.2 NAME

STREET ADDRESS 671 MARBURY LANE

2.3 STREET ADDRESS

CITY-ST-ZIP LONGBOAT KEY, FL 34228

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ 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 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

406.09-96

813 522 2280

Date

Daytime Phone #

CR2E034 (12/95)