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Mailing Address 8591 43RD ST.

PINELLAS PARK FL 33781-5948

1304

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088792 (3)

AZZURA BOATWORKS, INC.

Principal Place of Business

PINELLAS PARK FL 33781

6591 43RD ST.

3. Date incorporated or Qualified 3a. Date of Last Report 11/20/1995 09/04/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 58-2214617 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Ζıp Country Zin 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SODERGREN, HAKAN **671 MARBURY LANE** 82 Street Address (P.O. Box Number is Not Acceptable) **LONGBOAT KEY FL 34228** 83 Zip Code 84 City 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. Earn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change SODERGREN, HAKAN 12 NAME NAMÉ **671 MARBURY LANE** 1.3 STREET ADDRESS STREET ADDRESS **LONGBOAT KEY FL 34228** 1.4 CITY-ST-ZIP CITY: ST-ZIF DELETE Change Addition TITLE 2.1 TITLE 22 NAME NALIF 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IF 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 0017 - ST - 2IP DELETE TITLE 41 TITLE ☐ Change ___ Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 2IP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY+ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 coproration 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.