

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089669
1. Corporation Name

ISLAND HOPPER BOATS INTERNATIONAL, INC.

Principal Place of Business

2310 N. Old Dixie Hwy
Ft. Pierce, FL 34946

Mailing Address

P.O. Box 3958
Ft. Pierce, FL 34948

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

3a. Date of Last Report

11/20/95

4. FEI Number

Applied For
Not Applicable

65-0627159

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Marine, William B.
2310 N. Old Dixie Hwy
Ft. Pierce, FL 34946

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 the corporation

DATE Registered Agent signature required when changing:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marine, William B.		2. NAME	
STREET ADDRESS	5891 Bent Pine Dr.		3. STREET ADDRESS	
CITY-STATE-ZIP	Vero Beach, FL 32967		4. CITY-STATE-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fetzer, Mark E.		6. NAME	
STREET ADDRESS	2505 N. Ocean Drive		7. STREET ADDRESS	
CITY-STATE-ZIP	Ft. Pierce, FL 34949		8. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME	
STREET ADDRESS			11. STREET ADDRESS	
CITY-STATE-ZIP			12. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME	
STREET ADDRESS			15. STREET ADDRESS	
CITY-STATE-ZIP			16. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-STATE-ZIP			20. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-STATE-ZIP			24. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			26. NAME	
STREET ADDRESS			27. STREET ADDRESS	
CITY-STATE-ZIP			28. CITY-STATE-ZIP	

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***200.00

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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Doc#

Original Photos #

CR2E034 (12/95)

5/1/96