

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

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022903 (4)

1. Corporation Name:

PRECISION'S ONE STOP BOAT SHOP, INC.

Principal Place of Business

Mailing Address

C/O 15321 S DIXIE HWY  
SUITE 207  
MIAMI FL 33157

C/O 15321 S DIXIE HWY  
SUITE 207  
MIAMI FL 33157



2. Principal Place of Business

21 9760 SW 168 ST.

2a. Mailing Address

26 9760 SW 168 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA

27 City & State

28 MIAMI, FLORIDA

24 Zip

25 Country

33157 U.S.A.

29 Zip

30 Country

33157 U.S.A.

9. Name and Address of Current Registered Agent

CONTESSA, PAUL N  
15321 S DIXIE HWY  
SUITE 207  
MIAMI FL 33157

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

4. FEI Number

65-0671892

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

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONTESSA, PAUL N	
STREET ADDRESS	15321 S DIXIE HWY SUITE 207	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	TOM PAUSE		
1.3 STREET ADDRESS	9760 SW 168 ST		
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157		
2.1 TITLE	VICE PRESIDENT, SEC. TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH T. PARISE		
2.3 STREET ADDRESS	9760 SW 168 ST		
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (305) 251-6718

Date

Daytime Phone #

CR2E034 (9/96)