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Feb 12 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 # P96000023141 (0)

1. Corporation Name
SPECIALTY WATERCRAFT, INC.



Principal Place of Business
6258 FRANCIS STREET
PALM BEACH GARDENS FL 33418

Mailing Address
6258 FRANCIS STREET
PALM BEACH GARDENS FL 33418-6786

3. Date Incorporated or Qualified 03/13/1996
3a. Date of Last Report 3/12/96

2. Principal Place of Business 21 708 Commerce Way West Suite, Apt. #, etc. 22 Suite #6 City & State 23 Jupiter FL Zip 24 33458	2a. Mailing Address 26 6258 Francis St. Suite, Apt. #, etc. 27 City & State 28 Palm Beach Gardens FL Zip 29 33418	4. FEI Number 65-0649366 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD., STE. 211 PALM BEACH GARDENS FL 33418	10. Name and Address of New Registered Agent 81 Name Kimberly Radcliff 82 Street Address (P.O. Box Number is Not Acceptable) 6258 Francis St. 83 Palm Beach Gardens 84 City Palm Beach Gardens FL 85 Zip Code 33418
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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 *Kimberly A. Radcliff* Vice President 2-5-97
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 NAME STREET ADDRESS CITY-ST-ZIP	D RADCLIFF, BRANDON D 6258 FRANCIS STREET PALM BEACH GARDENS FL 33418 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P BRANDON D. RADCLIFF 6258 FRANCIS ST. PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADCLIFF, KIMBERLY A 6258 FRANCIS STREET PALM BEACH GARDENS FL 33418 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/T Kimberly A. Radcliff 6258 FRANCIS ST PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brandon D. Radcliff* BRANDON D. RADCLIFF 2/5/97 561-748-9424
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)