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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90140 050 ***150.00

DOCUMENT # P96000032962

1 Compration Name

CAMERON LONGBOAT, INC.

Principal Place	of Business	Ma	ailing Address				·		
858 RINGLING BLVD			1858 RINGLING BLVD						
SARASOTA FL 34236		SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
JS		U\$					3. Date Incorporated or Qualifed		
							04/15/1996		
							4. FEI Number Applied For	_	
2. Principal Place of Business			2a. Mailing Address				65-3656779 Not Applica	ble	
1		26					\$8.75 Additiona		
Suite, Apt. #, etc.		L	Suite, Apt. #, etc.				5. Certificate of Status Desired	·	
		27					& Election Campaign Financing - \$5.00 May Be		
City & State			City & State				B. Electricit Gampaign t many	1	
:3		28					Trust I and Continuation	_	
Zìp	Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29		30			Personal Property Tax.		
	9. Name and Address of Current	Regis	stered Agent		<u>.</u>		10. Name and Address of New Registered Agent		
					81	Name			
GLENDINNING, RENEA M				82 Street Add			ddress (P.O. Box Number is Not Acceptable)		
1858 RINGLING BOULEVARD						Stieet Addi	10.655 (1.0. Dex 1.0.		
SARASOTA FL 34236								1	
SAIL	1001A 1 E 01200						85 Zip Code		
					84	City	FL 85 Zip Code	j	
	<u> </u>				Щ		expection submits this statement for the purpose of changing its register	ed	
11. Pursuant t	o the provisions of Sections 607.0502	and (607.1508, Florida Statute	es, the a othorized	DOVE 1 hv	the corporati	orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	}	
office or re	egistered agent, or both, in the State on In familiar with, and accept the obligation	ons o	f, Section 607.0505, Flor	ida Stat	utes	•		ì	
_	in familiar way and acceptance						DATE CONTRACTOR OF THE CONTRAC	.	
SIGNATURE	Signature, typed or printed name of registered agent	and title			Ager	t signature require	puired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	OFFICERS AND	DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND BIRTHER	Idition	
TITLE	D		☐ DELETE	1.1 T	ITLE	\		- 1	
NAME	CITROEN, MICHAEL A			1.2 N	AME			1	
	34 SOUTH LODGE-245 KNIGHT	SBR	IDGE	1.3 9	TREE	ADDRESS			
STREET ADDRESS	LONDON, ENGLAD SW71DG			1.4 0	iTY-S	T-ZIP		ا موادات	
CITY-ST-ZIP			☐ DELETE	_	ITLE		Change A	ddition	
TITLE	D STROEM FURARETUA		_	228	IAME		•		
NAME	CITROEN, ELISABETH A	·con	IDCE			TADORESS			
STREET ADDRESS	34 SOUTH LODGE-245 KNIGHT	opn	IDGE				1		
CITY-ST-ZIP	LONDON, ENGLAD SW71DG		C PELETE	_	_	ST-ZIP	☐ Change ☐ A	ddition	
TITLE	S		☐ DELETE	1	TITLE			ļ	
NAME	GLENDINNING, RENEA M				NAME				
STREET ADDRESS	1858 RINGLING BLVD			3.3	STREE	TADORESS		•	
CITY-ST-ZIP	SARASOTA FL 34236			3.4.	CITY-	ST-ZIP	☐ Change ☐ A	ddition	
TITLE			☐ DELETE	4.1	TITLE		,		
				4. 2	NAME				
NAME				4.3	STREE	T ADDRESS	•		
STREET ADDRESS				44	CiTY-	ST-ZiP		4 10 1	
CITY-ST-ZIP			☐ DELETE		TITLE		☐ Change ☐ A	Addition	
TITLE					NAME				
NAME						ET ADDRESS	·		
STREET ADDRESS									
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		-	ST-ZIP	☐ Change ☐	Addition	
TITLE			☐ DELETE	1	TITLE	1			
NAME					NAME				
OTTOTAL ADDRESS	.[6.3	STRE	ET ADDRESS			

14. I 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 14. I 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report or supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report or sup

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

24/99

(941) 365-4617 Daytime Phone # (11/98)