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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed or so an attachment with an address

(LO).

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000041299 (4)**

OUTBOARDS PLUS MARINE SERVICE, INC.

5420 NORTHWEST 10TH TERRACE 5420 NORTHWEST 10TH TERRACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-2830 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. # letc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 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 AMERILAWYER CHARTERED B1 Name 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 proted name of registerious gent and rifle if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** TITLE DELETE 1.1 TITLE Change Addition DIAMOND, JEFFREY B 1.2 NAME 5420 NORTHWEST 10TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY- \$1-ZIP DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City - St - ZIP DELETE TILLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-SI-7/2 5.4 CITY - ST- ZIP Table DELETE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certily 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name