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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047251 (9)

JETI SPORTBOATS, INC.

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

4675 PONCE DE LEON BLVD., SUITE 306 4875 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES FL 33146-2113 **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 65-0676796 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STINSON, LOUIS JR. 81 Name 4875 PONCE DE LEON BLVD., SUITE 305 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33146** 83 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, typod or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Add OFFICERS AND DIRECTORS 12. 13. (96/6) (8/6) 0 4 5 DELETE Duector 4 Addition TETLE 1.1 TITLE STINSON, LOUIS JR. NAME 1.2 NAME **CR2E034** 4675 PONCE DE LEON BLVD., SUITE 305 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change Addition TITLE 21 TITLE MARK NAME 2.2 NAME Mi Cu LLOH 5003 Delvin Ct. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL. 32-821 CITY-ST-ZIP 2 4 CHY-S1-7IP ☐ Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - 7\P Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STHEEL ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP