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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600064152 (7)

WATER CRAFT UNLIMITED, INC.

Principal Place of Business Mailing Address
727 HIGHWAY 98 EAST 727 HIGHWAY 98 EAST

FILED Jan 29 1997 8:00am Secretary of State



727 HIGHWAY 98 EAST DESTIN FL 32541				727 HIGHWAY 98 EAST DESTIN FL 32541-2505										
								3.	Date Incorpc		ualified	3a. Da	ite of Last F	Report
2. Principal Pi	lace of Busine	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2a. Mailing Address				4.	FEI Number		778	I	-	pplied For	
21	# pla	26	Suite, Apt. #, etc.					29-0	100	1/0			lot Applicable	
Suite, Apt.	#, etc.	₁	27				5.	Certificate of	Status Des	sired		-	Additional Required	
City & State	e		City & State				6.	Election Carr	paign Fina	neing			May Be	
23		28	28				Trust Fund C					to Fees		
Zip —		Country	Zip	<u></u>				8.	This corporat					s. 199.032,
24	2 Name 2	29	<u> </u>				Florida Statutes Yes No 10. Name and Address of New Registered Agent							
VD4			Current Registered A	gent		81	Name	10.	Name and A	ouress of	New Reg	gisterea /	agent	
	VEMER, MAR' HIGHWAY 9													
	TIN FL 3254			82 Street Ad			ddress (P.O. Box Number is Not Acceptable)							
DEG)			ļ-	83				··· · ·					
ſ												T 1		
						84	City					FL	85 Zip	Code
11. Pursuant	to the provision	ns of Sections 60	07 0502 and 607 1508 State of Florida, Such	, Florida Statut	es, the ab	iove:	named c	corporatio	n submits this	statement	for the p	urpose of	changing	its registered
agent. La	m familiar with	it, or both, in the , and accept the	obligations of Section	renange was i i 607.0505, Fk	aumonzed orida Statu	i by Jtes.	ine corpo	oration's r	poard of direct	ors. I nerei	ру ассер	t the app	oinimont as	s registerea
SIGNATURE				· · · · · · · · · · · · · · · · · · ·	"— ·									
12.	Signature, typed or		ered agent and the if applicables RS AND DIRECTORS	··· (NOI	E Registered	Agen	l segnature r		n reinstating) ADDITIONS/C	JANICEO TI	O OFFIC	DATE CDC AND	DIRECTO	DO IN 12
TITLE	D	Orricer	13 AND DINECTORS	DELETE	1.1 100	lf			ADDITIONS/C	IANGES I	OUFFIC	ENS AND	Change	Addition
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TITLE				DELETE	6.1 TO								Change	Addition
NAME					6.2 NAM									i
STREET ADDRESS							DDRESS							
CITY-ST-ZIP	ov certify that t	he information s	upplied with this filing	does not a lab	fy for the c			ated in Se	etion 119.07/1	Wil Elorida	Statutos	Lfurthor	cortify that	t the

To nereby 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 eath; 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:

V. Daraged

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