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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P96000072381 (2)

BOAT JOY, INC.

BOAT JOY, INC.												
									(1881) AND THE CONTRACT OF TH		JF (8 (6) 4) B) (8 B)	
- I												
Principal Place of Business				Mailing Address						100.5 1.000 1.10		
2921 S.W. 2N		P.O. BOX 13087 FORT LAUDERDALE FL 33316										
FORT LAUDERDALE FL 33315				FORT LAUDERDALE PL 33316					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
	***								08/28/1996			
2, Principal Place of Business				2a. Mailing Address					4. FEI Number		Applied For	
21				26					65-0695398	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional	
City & State				City & State					6 Charles Consolina Singaria		Required	
23				28					Election Campaign Financing Trust Fund Contribution		OO May Be ed to Fees	
Zip		Country	1=2,1	Zip	Co	untry	,		8. This corporation owes or has paid the			
24	_	25	29		30				Personal Property Tax due June 30.	Yes	□ No	
9, Name and Address of Current				Registered Agent				10. Name and Address of New Registered Agent				
	ller, clai					81	Name					
3020 S.W. 22ND STREET							Street	Addres	ress (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33312												
						83						
						84	City			. 85 Z	ip Code	
11 Purcuant	to the provie	ione of Coations 607 056	2 and 60	7. 1EOR Florido Ctatu	too the m	bour		;		L S		
office or re	egistered ag	ent, or both, in the State	of Floric	la. Such change was	authorize	id by	the cor	poration	ation submits this statement for the purpose n's board of directors. I hereby accept the a) of changing appointment	g its registered as registered	
	m tamillar w	in, and accept the oblig	ations of	, Section 607.0505, FI	lorida Sta	tutes	S .				-	
SIGNATURE	Signature, typed	or printed name of registered age	nt and tile	Lapplicable. (NO	IE: Begistere	d Ane	nt signature	e required	when reinstating) DATE			
12.		OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE	P			DELETE	1.1 T	ITLE				Chang	e Addition	
NAME		CLAIRE B			1.2 N	AME						
STREET ADDRESS	3020 SW 22ND ST						13 STREET ADDRESS					
CITY-ST-ZIP	FORT L	AUDERDALE FL			1.4 0	ITY-S	r-ZIP					
TITLE				☐ DELETE	2.1 T	ITLF				☐ Change	e 🔲 Addition	
NAME					2.2 N							
STREET ADDRESS					ľ		ADDRESS					
CITY-ST-ZIP		···		DELETE	2. 4 C	ITY - S	1- ZIP				a I Adams	
NAME				L_J DELETE						☐ Change	e [_] Addition	
STREET ADORESS					3.2 N		ADDRESS :					
CITY-ST-ZIP					1	ITY-S		1				
TITLE				☐ DELET E	4.1 1		1.71			Change	e Addition	
NAME					4. 2 N	AME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					•	TY-ST					1	
TITLE			•	☐ DELET E	5.1 TI					Change	e Addition	
NAME					5.2 N	AME						
STREET ADDRESS					5.3 \$1	REET A	ADDRESS					
CITY-ST-ZIP	·····		<u> </u>		54 CI	1Y-ST	- ZIP					
TITLE				☐ DELETE	61 Ti	TLE				☐ Change	B Addition	
NAME					6.2 NA	AME.					1	
STREET ADDRESS					6.3 \$1	REET A	ADDRESS				i i	
CITY-ST-ZIP					6.4 CI	TY - ST	- ZIP					

4. 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 suppliemental 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: The hours to hardle

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FILED

Jan 27 1998 8:00am

Secretary of State