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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000080597 (3)

RUNIE BOAT COMPANY, INC.

Principal Place of Business

Mailing Address

3601 SE OCEAN BLVD. STE 001 STUART FL 34996

3601 SE OCEAN BLVD. STE 001 STUART FL 34996

## 

**FILED** 

Feb 05 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					09/27/1996			
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number	Applied F	For	
21		26			65-0703967	Not Appli	icable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition		
22 27						Fee Required	J	
City & State					Election Campaign Financing	<b>\$5.00</b> May B	se i	
23		28	- de la companya del companya de la companya del companya de la co		Trust Fund Contribution	Added to Fees	3	
; Zip	Country	Zip	Country	/	8. This corporation owes or has paid the		e	
24	25	29	30		Personal Property Tax due June 30.	yes ☐ No		
	9. Name and Address of Current	Hegistered Agent	81	T	10. Name and Address of New Registe	red Agent		
FRANK A. FERRARO, CPA				Name		-		
3601 SE OCEAN BLVD. STE 001			82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
STUART FL 34996			_		· · · · · · · · · · · · · · · · · · ·			
				83				
				City		85 Zip Code		
				~		<b>-</b> L		
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 of the state of Florida State of								
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 printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	2	
TITLE	PD	DELETE	1.1 TITLE			Change Ad	ddition	
NAME	NUNAN, ANTHONY		1.2 NAME				- 1	
STREET ADDRESS	3443 SE NARRAGANSETT TEF	RACE	1.3 STREET	ADDRESS			Ī	
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-S	ST-ZIP			ļ	
TITLE	VD	DELETE	2.1 TITLE			Change Ad	ddition	
NAME	ESCHAUZIER, PETRA		2.2 NAME				ļ	
STREET ADDRESS	1540 NE DIXIE HIGHWAY		2.3 STREET	ADDRESS				
CITY - ST - ZIP	JENSEN BEACH FL 34957		2, 4 CITY - 5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change Ad	idition	
NAME	NVNAN, ANTHONY		3.2 NAME	NL	INAN, ANTHONY			
STREET ADDRESS	3443 SE NARRAGANSETT TER	₹₽	3.3 STREET	ADDRESS		3	į	
CITY-ST-ZIP	STUART FL		3.4. CITY - S	ST-7IP			i	
TITLE	S	DELETE	4.1 TITLE			Change Ad	iditlon	
NAME	escuauzier, petra		4. 2 NAME	125	CHAUZIER, PETRA			
STREET ADDRESS	1540 NE DIXIE HIGHWAY		4.3 STREET	ſ	•		ſ	
CITY - ST - ZIP	SENSEN BCH FL		4.4 CITY-S	****				
TITLE		DELETE	5.1 TITLE	. 20		Change Add	idition	
NAME			5.2 NAME				.dibon	
STREET ADDRESS			5.3 STREET	ADDDECC			1	
CITY-ST-ZIP			5.4 CITY-S	i			1	
TITLE		DELETE	6.1 TITLE	1-41-		☐ Change ☐ Add	idition	
NAME		the state of the s	6.2 NAME			L oreanyo L Aut	UILIUII	
STREET ADDRESS			•	4000500				
			6.3 STREET					
CITY-ST-ZIP	ertify that the information supplied with	n this filing does not qualify to	6.4 CITY-S	I-ZIP	action 110 07(9Vi) Florida Statutas I funda	a analification that the first area		
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 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:

I NO NATURE RECAMPASO

NUNAN

1/29/98

(561) 334 3050