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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secreta to Staff DIVISION OF COPPORATIONS

FILED Feb 04 1998 8:00am Secretary of State

BOAT COP, INC. Principal Place of Business Si70 ALTON ROAD MAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/01/1997 2. Principal Place of Business 2. Meiling Address 4. FEL Number 11	
Principal Place of Business Malling Address Si70 ALTON ROAD MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/10/11997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 105 - 07 0 93 55 Not Applied For Not Applied 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 105 - 07 0 93 55 Not Applied For Not Applied 38. 75 Additional Fee Required 22	
SITO ALTON ROAD MIAMI BEACH FL 33140 SITO ALTON ROAD MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/01/1997 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified O1/01/1997 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified O1/01/1997 A Splice of Georgia Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
MAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 4. FEI Number 0 93 55	
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 01/01/1997 3. Date Incorporated or Qualified 01/01/1997 4. FEI Number 07 93 55	
2. Principal Place of Business	
2. Principal Place of Business 2a, Mailing Address 4. FEI Number 5. Control	İ
Suite, Apt. #, etc. So. Certificate of Status Desired \$8.75 Additional Fee Required Status Desired Status D	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip	ole !
City & State Country Country Country Exp Exp Exp Exp Exp Exp Exp Ex	\neg
23 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Zipe Country Zip Country Sip Country Sip Country Sip Sip Signature space of the state of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD DELETE 1.1 ITTLE 1.2 ADBIELINSKY, HENRY 1.2 NAME STREET ADDRESS MIAMINI BEACH FL 33140 1.4 CITY-ST-ZIP MIAMINI BEACH FL 33140 1.5 Change Addit Addit Additional Applications of Section 607.0505. TITLE NAME 2.2 NAME 2.3 STREET ADDRESS 3.5 REET ADDRESS	
24	╌┤
AMERILAWER CHARTERED 343 ALMERIA VENUE CORAL GABLES EL 33134	_]
AMERICAN ENDING STRATE ADDRESS 343 ALMERIK AVENUE TORAL GABLES EL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIANNI BEACH FL 85 Zip Cod4 84 City	\dashv
## City ## Part ## Company ## Co	[
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 register of agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Signature, typed or Printed Party of registered Spent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
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 register 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 S	
SIGNATURE Signature typed or Pented name of registored Signature and title if applicable. (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD DELETE 1.1 TITLE NAME ZABIELINSKY, HENRY STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addit Addit Change Addit Change Addit 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS	7
SIGNATURE Signature typed of Ponted name of registered Agent and site if applicable. (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD DELETE 1.1 TITLE Change Addit Addit STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addit Addit Change Addit Change Addit Change Addit Change Addit 2.2 NAME 2.3 STREET ADDRESS	d
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD DELETE 1.1 TITLE CABIELINSKY, HENRY 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAIN BEACH FL 33140 DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 5.1RCET ADDRESS STREET ADDRESS	- (
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD	-
DELETE	ᅱ
STREET ADDRESS 5170 ALTON ROAD 1.3 STREET ADDRESS	ກ
CITY-ST-ZIP MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP TOTALE	Ì
YITLE DELETE 2.1 TITLE Change Addit NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS	
NAME 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS	_
STREET ADDRESS 2.3 STREET ADDRESS	л
CITY-ST-ZIP 2.4 CITY-ST-ZIP	1
TITLE DELETE 3.1 TITLE DeleTE Addit	n n
NAME 32 NAME	- 1
STREET ADDRESS 5.3 STREET ADDRES	
CITY-ST-ZIP 5.4.CITY-ST-ZIP	_
TITLE L Change L Addit	ın
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	ļ
TITLE DELETE 5.1 TITLE Change Addition	ภก
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIF	_
YITLE DELETE 51 TITLE Change Additional Change A	1
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS	-
STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST - ZIP	Ì
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	\exists

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:

≅GNATU