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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097432 (4)

1. Corporation Name

NOVATEC BOAT SALES, INC.

Principal Place of Business

14078 PORT CIRCLE
JUNO FL 33410

Mailing Address

14078 PORT CIRCLE
JUNO FL 33410-1148

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRINKWATER, JOHN
14078 PORT CIRCLE
JUNO FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
MARR, GORDON S
STREET ADDRESS 885 FAIRVILLE BLVD.
CITY - ST - ZIP ST JOHN NB CANADA E2M 5T9

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
MARR, GORDON S
1.3 STREET ADDRESS 885 FAIRVILLE BLVD
1.4 CITY - ST - ZIP SAINT JOHN NB E2M 5T9 CANADA

TITLE ☐ DELETE

NAME D
MARR, N L
STREET ADDRESS 885 FAIRVILLE BLVD.
CITY - ST - ZIP ST JOHN NB CANADA E2M 5T9

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
MARR, N L
2.3 STREET ADDRESS 885 FAIRVILLE BLVD
2.4 CITY - ST - ZIP SAINT JOHN NB E2M 5T9

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

GORDON S MARR

MAR 31 / 97 506-635-2128

Date

Daytime Phone # 6068200

CR2E034 (9/96)