## 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** 

**FILED** Feb 20 1998 8:00am Secretary of State

NISA BOAT CO.	
Principal Place of Business Mailing Address International Place of Business Mailing Address	111 1 <b>23</b> 1
300 ARTEMIS BLVD. 300 ARTEMIS BLVD. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
02/10/1997           2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Applie	d For
	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addi	
22 Pee Requir	
City & State 6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fe	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangi	
24 25 USA 29 30 Personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	2
HUBER, ROBERT A  81 Name	
74F 010 1100 D130	
Street Address (P.O. Box Number is Not Acceptable)  ROCKLEDGE FL 32955	
83	
84 City FL 85 Zip Code	θ
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 rec	gistered
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 regi agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	stered
SIGNATURE Signature, typed or grinted name of registered agent and titlo if applicable (NOTE Registered Agent signature required when reinstaling)  DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
	Addition
TITLE D DELETE 1.1 TITLE PTSD Change DELETE 1.2 NAME NELLUTO, JANE	2
STREET ADDRESS 515 GUS HIPP BLVD.	يَا
CITY-ST-ZIP ROCKLEDGE FL 32955 1.4 CITY-ST-ZIP WERRITT SLAND, FL 32953	<u> </u>
LUIZED ROBERT A	Addition   C
STREET ADDRESS 300 PRETERNIS BLVD.	
CITY-ST-ZIP MERRITT ISLAND, FC 32953	
	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	- 1
CITY-ST-2IP 3.4. CITY-ST-2IP	1 (18)
	Addition
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS	
STREET ADDRESS  4.3 STREET ADDRESS  CITY - ST - ZIP  4.4 CITY - ST - ZIP	ĺ
	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	

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.

2-17-08