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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000030515**1. Corporation Name

BOAT FINDERS INCORPORATED

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90018 013 ***150.00



					/IQI 914E) (IBBI 811) IBBI
Principal Place	e of Business	Mailing Address			
		1738 SW LEAFY ROAD PORT ST. LUCIE FL 34953		DO NOT WRITE IN THIS SPA	CE
	-			3. Date Incorporated or Qualifed	
				04/03/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
27 2440	SE Federal Hum	26 2440 SE Fed.	eral Itury	65-0750875	Not Applicable
Suite, Apt.	The second of th	Suite, Apt. #, etc.			8.75 Additional
22 She		27 Ste 101			
City & State	e, ~.	City & State 28 Struct MG			5.00 May Be Added to Fees
23 <u>Stva</u>	Country	28 Struct MG	Country	This corporation owes the current year Intangib	
24 34961		29 34994 30	n. A	Personal Property Tax.	
24 0111	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered Agen	t
			81 Name		
	DEN, JOHN W ESQ		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	S. FEDERAL HIGHWAY, SUITE 21	2	·		
STU	ART FL 34994		83		
ı			84 City	FL 85	Zip Code
		1007 4500 Electe Ottobate	45	corporation submits this statement for the purpose of chan	aina its registered
office or re	registered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho	orized by the corbo	ration's board of directors. I hereby accept the appointmen	it as registered
SIGNATURE	Signature, typed or printed name of registered agent	- A Mar Managliantia (NOTS: Pa	gistered Agent signature re	cuired when reinstation) DATE	
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Ø.	Change
NAME	PISANO, GARY		1.2 NAME	2440 SE Federal Huy Sta Struct F1 34994	1653
STREET ADDRESS	1738 SW LEAFY ROAD		1.3 STREET ADDRESS	2440 SE LEOG OIL MAD SHE	-101
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		1.4 CITY-ST-ZIP	Strict F1 34994	
TITLE		☐ DELETE	2.1 TITLE		Change
NAME	•		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	2.4 CITY-ST-ZIP		Observation To Addition
TITLE		☐ DELETE	3.1 TITLE	إلىااللا	Change Addition
NAME	الا الله التعاري (معاصلية ومستهميات المستهميات الم		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change
TITLE		C) nere ie	4.1 TITLE 4. 2 NAME	Ū.	
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		g
NAME	1		5.3 STREET ADDRESS	•	
STREET ADDRESS	[5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Additio
TITLE		C) DETEILE	6.2 NAME	<u></u>	
NAME`			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			0.3 SINCE I AUUNESS		

14. 1 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 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, with all other like empowered.