
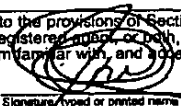


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90079 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																															
DOCUMENT # P97000032902																																			
1. Corporation Name HAWK POWERBOATS, INC.																																			
Principal Place of Business 14580 N.W. 25TH AVE. MIAMI FL 33054			Mailing Address 14580 N.W. 25TH AVE. MIAMI FL 33054																																
DO NOT WRITE IN THIS SPACE																																			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29						3. Date Incorporated or Qualified 04/11/1997						4. FEI Number 65-0747538						Applied For <input type="checkbox"/> Not Applicable											
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>						\$5.00 May Be Added to Fees																	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						9. Name and Address of Current Registered Agent ALMEIDA, JOSE R 14580 N.W. 25TH AVE. MIAMI FL 33054						10. Name and Address of New Registered Agent 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 <input type="checkbox"/> DELETE NAME ALMEIDA, JOSE R STREET ADDRESS 14580 N.W. 25TH AVE. CITY-ST-ZIP MIAMI FL 33054												1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP																							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP																							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP																							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP																							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP																							
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP																							

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 officer or director of the corporation; 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.

SIGNATURE: 

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)