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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000038816 (9) DOCUMENT # 1. Corporation Name

USA BOATING CENTER, INC.

Principal Place of Business			Mailing Address							EBIE BBEEL BBELL	11 14 11614 1 1 21	INF INCRESION I	
4491 ANGLERS AVE.		4491 A1	4491 ANGLERS AVE.										
DANIA FL 33312		DANIA FL 33312						_			2-		
										O NOT WRIT		SPACE	
								0	ate Incorporated 05/01/1997	d or Qualified			<u></u>
2. Principal Pl	lace of Busin	ness	2a. Mailir	ng Address					Number		<u> </u>	Α	pplied For
21			26						<u>65-07</u>	75 to	7 4 4	<u> </u>	lot Applicable
Suite, Apt.	#, etc.		Suite 27	e, Apt. #, etc.				5. Ce	ertificate of Statu	us Desired	文		Additional Required
City & State	е		City 8	City & State				6. Ele	ection Campaig	n Financing	_	\$5.00	May Be
23			28					Tr	ust Fund Contril	bution			to Fees
Zip		Country	Zip			Country		8. Th	is corporation o	wes or has p	aid the cu	rrent year Ir	ntangible
24		25	29		30				ersonal Property				□ No
		and Address of Curren	ıt Registered	Agent					ame and Addre	ss of New R	egistered	Agent	
	ZPATRICK,					81	Name						
	91 anglef Nia FL 333					82	Street	Address (P.O.	ddress (P.O. Box Number is Not Acceptable)				
		, · -				83							
						84	City				FL	_ `	Code
11. Pursuant I	to the provis	ions of Sections 607.050	2 and 607.150	08. Florida Stat	tutes the	e above	-namad	corporation s	ubmits this state	ement for the	purpose o	of changing	its registered
							- ilanica				ant tha an		
office or re	egisiered aç m famillar w	tent, or both, in the State	of Florida Su ations of, Sect	ch change was	s authori Florida S	ized by statutes	the corp	poration's boa	ra ot airectors.	nereby acce	shr rie abi	pointment at	s registered
	egisierea ag im famillar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the oblige	of Florida. Suations of, Sect									lg 7	s registerea
SIGNATURE		ougstated name of registryed age	ent and title it applica	able. (N	Mic	has	17	e required when rein	epatici	<u>k</u>	1/5 DATE	197	
SIGNATURE .	Signature, typed	4.KD 1	ent and title it applica	able. (N	Mrc IOTE: Regist	has tered Ager 3.	17	e required when rein	POTIONS/CHANG	<u>k</u>	1/5 DATE	97 D DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 applications with an address.

SIGNATURE:

Michael J. Fitzpatrick :/5/98

FILED

Jan 23 1998 8:00am

Secretary of State