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 # **P97000040493**

1. Corporation Name

SUNDOWNER BOAT COMPANY, INC.

Pri	ncipal P	lace of E	Business
727	SOUTH	KROME	AVENUE

HOMESTEAD FL 33030

Mailing Address

727 SOUTH KROME AVENUE HOMESTEAD FL 33030

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90036 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

		05/07/1997	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21		65-0759891	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Int	angible
24 25 29 3	30	Personal Property Tax.	Yes No
Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
00000 EV 10011111 D 10	81 Name		
CROWLEY, WILLIAM P JR	82 Street Address (P.O. Box Number is Not Acceptable)		
727 SOUTH KROME AVENUE			
HOMESTEAD FL 33030	83		
			T1 7: 0:4:
	84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the purpose of	changing its registered
office or registered agent, or both, in the State of Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the appoint	ntment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature required	(when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE D DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME CROWLEY, WILLIAM P JR	1.2 NAME		
TOT COUTLINGOUS AVENUE			
LICHICATE DEL COCCO	1.3 STREET ADORESS		
CITY-ST-ZIP HOMESTEAD FL 33030	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
	2.1 TITLE		, change
NAME CROWLEY, ROBIN S	2.2 NAME		
STREET ADDRESS 727 SOUTH KROME AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP HOMESTEAD FL 33030	2.4 CITY-\$T-ZIP		E30
TITLE DELETE	3.1 TITLE	r :	☐ Change ☐ Addition
NAME BIBLE, C.L.	3.2 NAME	•	!
STREET ADDRESS 727 SOUTH KROME AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP HOMESTEAD FL 33030	3.4. CITY-ST-ZIP	44-	
TITLE D DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME GILL, RONALD	4, 2 NAME		
STREET ADDRESS 727 SOUTH KROME AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	·	•
TITLE DELETE	5.1 TITLE		☐ Change ☐ 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		
IAMIC			
CTREET ADDOCACE .			
STREET ADDRESS CITY-ST-ZIP	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

indicated on this annual report of 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 of 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 appears, with all other like empowered.

SIGNATURE