FILE NOW: FILING FEE AFTER MAY 1ST IS \$	\$550.00 APPHOVED
PROFIT PROFIT FLORIDA DEPARTI	IMENT OF STATE
CORPORATION Katherine	e Harris
ANNUAL REPORT Secretary of DIVISION OF COL	CONTRACT ON OUR
1999	
DOCUMENT \$97000044733	SECRETARY OF STATE
1. Corporation Name UNRICOT AL'S BOATS I	TALLAHASSEE, FLORIDA
UNE (3 146 ) 1764 13 7	
Principal Place of Business Mailing Address	
113 BROFAM St	0.5 1.67 1.171.1 1.171.10 26.165
MAINES City, F( :	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
(7,7)	3 3 8 44 3. Date Incorporated or Qualified 19 9 8
2. Principal Place of Business 2a. Mailing Address	4. FET Number 34 79 66 5 Applied For Not Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc	\$8.75 Applyment
27	5 Certificate of Status Desired [ ] Fee Required
City & State City & State 28	6. Election Campaign Financing Trust Fund Contribution  Added to Fees
Zip Country Zip	Country 8. This corporation owes the current year Intangible
9. Name and Address of Current Registered Agent	Personal Property Tax
	- 81 Name
AIFRUD G. BROSMAN J	82 Street Address (P.O. Box Number is Not Acceptable)
113 BROAM 85	83
HAWS City F (338	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 agent, or both, in the State of Florida Such change was authorized by the corporation's heard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the gligations of, Section 607.0555 Florida Statutes.	
	1-7-99
	lagistered Agent separative responsed whom receivalings DATE
12. OFFICERS AND DIRECTORS TITLE DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME AIRRED O. BROSMAN	12 NAME
STREET ADDRESS /13 BROWN ST	13 STREET ADDRESS
TITLE HATALES CITY, FL	14 CITY-\$1-7/P 21 TiTLE [   Change   [   Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
TITLE (   DELETE	2.4 CHY-S1-ZiP [-{Change [-{Add:Lon-
NAME	TO THE STATE OF TH
STREET ADDRESS	335THEELADORESS 8000028683581 -05/07/9901146001
CITY-ST-ZIP [] DELETE	34 CHYST-710 41 Mide ****150, 00 广西北海150, 000。
NAME	4 2 NAME
STREET ADDRESS	4 3 STREEL ADDRESS
CATY-ST-ZEP TIME [] DELETE	44 OID - \$1-ZIP [   Change   [   Addition
TITLE [ DELETE ] NAME	51 INCE
STREET ADDRESS	5.3 STREET ADDRESS
CITY-\$1-ZIP TITLE [] DELETE	54 CITY-S1-20F
TITLE L DELETE NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
	■

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), I forida Statules. I further certify that the information indicated on this annual report or suppliemental 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 Statules, 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:

SIGNATURE:

SIGNATURE:

Daylor Florida Statules.

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