**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90110 050 \*\*\*150.00

## .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 # **P97000045800**1. Corporation Name

SEA HAWK BOAT MANUFACTURING, INC.

doed to dolorand deep.							
00112 100			12		DO NOT WRITE IN THIS SPACE		
FORT LAUDERD	MLE FL 33312	TON ENOBERONE TE WA			3. Date Incorporated or Qualifed 05/21/1997		
2 Oringinal Pt	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
z. rinicipai ri	ace of business	26			65-0775124	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ad	
22		27			3. Certificate of Olatos Desired	Fee Req	juired
City & State	9	City & State			6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible ☐ Yes 🕏	<b>Ø</b> No
24	25		30		Personal Property Tax.  10. Name and Address of New Registere		2140
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registere	u Agun	
HIRS	CHENSON, DAVID						
3520 W. BROWARD BLVD.			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	E 105		83				
+	T LAUDERDALE FL 33312		0.5				
TOTT ENDERFORE TE SOUTE			84	City	F	85 Zip C	ode
	202	007 4500 51-id- Stebut	the abov	a named co	progration submits this statement for the ournose	of changing its r	egistered
office or re agent. I ar		ate of Florida. Such change was a ligations of, Section 607.0505, Flo			audit's board of directors, Thorough accords are app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered Age	nt signature requ	uired when reinstating) DATE	AND DIDECTOR	DC IN 40
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE			☐ Criainge	L.J Addition
NAME	HIRSCHENSON, DAVID		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1.4 CITY-5	ST-ZIP	<del></del>	☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Change	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		El pereze	2.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ OELÉTE	4.1 TITLE	.			
NAME			4. 2 NAME		4		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		The street	4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	I .			
NAME				1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			☐ Change	Addition
TITLE		. DELETE	6.1 HILE				

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 💆

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR