Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 013 \*\*\*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 # P97000048374

1. Corporation Name

PORTER BOAT SALES, INC.

				<b></b>								
Principal Place	e of Business	Mail	ling Address									
112 PIPPIN DRIVE		–	112 PIPPIN DRIVE									
ISLAMORADA FL 33036 US		IŞLAI US	ISLAMORADA FL 33036				DO NOT WRITE IN THIS SPACE					
03		00					3. D	Date Incorporated or Qualif	ed		-	1
	•						1 0	05/29/1997		**		1
2. Principal P	Place of Business	2a.	Mailing Address					El Number		A	pplied For	7
21		26					6	65-0759913		N	ot Applicable	]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-		Certifcate of Status Desired		\$8.75	Additional	
22		27	27				<b>3</b> . U	Leniicate of Status Desired	Fee Required		1	
City & Stat	te		City & State				6. E	Election Campaign Financi	ng 🖂	\$5.00	May Be	1
23		28				. <del></del>	لے:	Frust Fund Contribution	<u>-</u>	Added	to Fees_	
Zip	Country		Zip	Co	untry		_ I	This corporation owes the o	current year fr			
24	25	29		30				Personal Property Tax.		Yes	ŮNo	4
	9. Name and Address of Curr	rent Registe	red Agent		<del> </del> _		10. N	Name and Address of Ne	w Registered	Agent		-{
DOD.	TED MOTOD				81	Name						
	RTER, VICTOR				82	Street Addre	ess (P.C	D. Box Number is Not Acce	eptable)			1
	PIPPIN DRIVE											4
ISLA	NORADA FL 33036				83		_					
					84	City		·		85 Zip	Code	┪
						,			FI	_		╛
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	ate of Florida	ı. Such change was a	authorize	ed by	the corporation	oration s on's boar	rd of directors. I hereby ac	cept the appo	intment as r	egistered	
-		ilgations of, c	96C031 007.0303, 1 K	onda Sia	itutes.	•						
SIGNATURE						t signature required	d when rein	nstating)	DATE			} [
-	Signature, typed or printed name of registered a		applicable. (NOT		ad Agen			nstating) DDITIONS/CHANGES TO		ND DIRECT	ORS IN 12	- 60
SIGNATURE	Signature, typed or printed name of registered a	agent and title if a	applicable. (NOT	E: Registere	ad Agen					ND DIRECT	ORS IN 12	1 100
SIGNATURE	Signature, typed or printed name of registered a	agent and title if a	applicable. (NOT	E: Registere	ed Agen							24 (44 (56))
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS D PORTER, VICTOR	agent and title if a	applicable. (NOT	E: Registere 13. 1,1 T	ed Agen							1 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS  D PORTER, VICTOR	agent and title if a	applicable. (NOT	E: Registere 13. 1.1 T 1.2 N 1.3 S	ed Agen	at signature required					Addition	, , , ,
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS  D PORTER, VICTOR 112 PIPPIN DRIVE	agent and title if a	applicable. (NOT	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C	Agen	at signature required						, , , ,
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS  D PORTER, VICTOR 112 PIPPIN DRIVE	agent and title if a	spplicable. (NOT TORS	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	ed Agen	at signature required				☐ Change	Addition	, , , ,
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS D PORTER, VICTOR 112 PIPPIN DRIVE ISLANORADA FL 33036	agent and title if a	spplicable. (NOT TORS	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	AGENTALE  NAME  STREET  CITY-ST  TITLE  NAME	at signature required				☐ Change	Addition	, , , ,
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS D PORTER, VICTOR 112 PIPPIN DRIVE ISLANORADA FL 33036	agent and title if a	spplicable. (NOT TORS	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	AGENTALE  NAME  STREET  CITY-ST  TITLE  NAME	ADDRESS ADDRESS				☐ Change	Addition	, , , ,
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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 empreyered 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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: -

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR