

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. North  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057509  
1. Corporation Name

CUSTOM BOAT TOPS & UPHOLSTERY, INC.

Principal Place of Business Mailing Address  
651 BLUE LANE NEW  
PORT CHARLOTTE, FL ADDRESS.  
33952-6449

2. Principal Place of Business	2a. Mailing Address
21. SAME AS ABOVE	26. JAA
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
Country	Country
25. FLA	30. FLA

3. Date Incorporated or Qualified	6/30/97
4. FEI Number	65-0766257
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VITUS, JAMES  
651 BLUE LANE  
PORT CHARLOTTE, FL  
33952-6449

10. Name and Address of New Registered Agent

81. Name	500002747835-8
82. Street Address (P.O. Box Number is Not Acceptable)	-01/20/99-01064-002
83. City	****150.00 ****150.00
84. State	FL

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0875, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/8/99

OFFICERS AND DIRECTORS

12. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	JAMES L. VITUS
STREET ADDRESS	20437 MIDWAY BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FLA. 33952
TITLE	<input type="checkbox"/> DELETE
NAME	JORN M. VITUS
STREET ADDRESS	17395 HILLSBOROUGH BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FLA. 33954
TITLE	<input type="checkbox"/> DELETE
NAME	JEFF W. VITUS
STREET ADDRESS	651 BLUE LANE FLA.
CITY-ST-ZIP	PORT CHARLOTTE 33952
TITLE	<input type="checkbox"/> DELETE
NAME	LARRY F. VITUS
STREET ADDRESS	651 BLUE LANE
CITY-ST-ZIP	PORT CHARLOTTE FLA. 33952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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.

SIGNATURE: [Signature]

FILED

99 JAN 13 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500002747835-8  
-01/20/99-01064-001  
\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)

(2)

CUSTOM BOAT TOPS & UPHOLSTERY, INC.  
651 BLUE LANE  
PORT CHARLOTTE, FL 33952-6449

December 7, 1998

Dept. of State  
P.O.Box 6327  
Tallahassee, FL 32314

P97000057509

Re: To reinstate Corporation # 65-0766257

To whom it may concern,

We request our Corporation, Custom Boat Tops & Upholstery, Inc. be reinstated as an active corporal entity EIN 65-0766257.

We have moved to another location cited above, 651 Blue Lane Port Charlotte, FL 33952-6449. And during the process of moving, we have lost a lot of considerable mail since it happened during last years' peak season and busiest time of business.

Here you will find a check of \$150.00 to reinstate our corporation.

We appreciate your kind consideration in this matter.

Sincerely,

Custom Boat Tops & Upholstery

James Vituj,  
President