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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000063943 (9)

SOUTH FLORIDA OUTBOARD SERVICE INC.

Principal Place of Business Mailing Address 328 SW 14 STREET 328 SW 14 STREET POMPANO BCH FL 33060 POMPANO BCH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 65-0770530 07/22/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HINTERSCHIED, THOMAS 328 **SW** 14 STREET 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH FL 33060 83 84 City Zip Code 65 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. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 100,6 Change Addition TITLE Klmberly Hinterschied NAME 1.2 NAME 328 SW 145t 13 STREET ADDRESS STREET ADDRESS Pompano Fla. 33060 1.4 CITY - ST - 7IP CITY-ST-ZIF DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 3.1 HJt F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CUTY - S1 - 7IP 600002506126 -04/30/98--01011--032 DELETE ___ Addition 5.1 TRLE TITLE 5 2 NAME NAME ***150.00 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

0101147/107

STREET ADDRESS

CITY-ST-ZIP

moldt

Thomas Hudonachie

1-19-90

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FILED

Apr 29 1998 8:00am

Secretary of State