FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066204 (3)

SKYLARK BOATS, INC.

FILED
May 05 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address		-{ 1888/1981 UTA PALTI LABUI BOTAT DOTA ERIAT OCIAS BILAG OLIO ATOLA BUNI BARI DATA
5258 SKYLARK ÇOURT		1420 SOUTHEAST 3RD STREET		
CAPE CORAL FL 33904-5842		CAPE CORAL FL 33990		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address		07/31/1997 4. FEI Number Applied For
21				
Suite, Apt. #, etc.		26 1505 SF 4046 Strox		¢0.75 A 4884
22		27 Shite C		5. Certificate of Status Desired Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28 Cape Coral FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 33904 3	o U.S. 4	Personal Property Tax due June 30. Yes No
	g. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 81 Name				Rair Professiones Inc
343 ALMERIA AVENUE 82 Street Addr			ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			05 SE 40th Street, Scile	
83 6				its C
84 City				IT 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 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 607.0505, Florida Statutes.				
SIGNATURE _ S. & X & X & X & X & X & X & X & X & X &				
Signature, tyled or printed name of regulators agent and little if applicable (NOTE: Registered Agent signature required when re-installing) DATE				
12,	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	L Change L Addition
NAME	LUKAS, HEINZ		1.2 NAME	
STREET ADDRESS	5258 SKYLARK COURT	İ	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904-5842 VSD	DELETE	1.4 CITY-ST-ZIP	Observe Addition
TITLE			2.1 TITLE	☐ Change ☐ Addition
NAME ATOMET ADDRESS	LUKAS, URSULA 5258 SKYLARK COURT		2.2 NAME	
STREET ADDRESS	CAPE CORAL FL 33904-5842		2.3 STREET ADDRESS	N 14
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
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STREET ADDRESS				·
			4.3 STREET ADDRESS	÷
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NAME			5.2 NAME	onlarige Addition
STREET ADDRESS				
			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	-	DELETE	5.4 City-St-ZiP 6.1 Title	☐ Change ☐ A.:
NAME		- Deterit		Li Undrige Li A
	•		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 informatindicated 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 a 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

CONTRACTOR SAFE

11-22-98 911-17,1910