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 # P97000079397 (0)

PAY LESS BOATS INC.

FILED Apr 27 1998 8:00am Secretary of State

					HANG MANGR ANNIE NOOM (BAN 1 88 0)
Principal Plac	ce of Business	Mailing Address		1 38001000 PRO 10414 IQUIH QUIH QUHK QOYIN QOYIN QUHK 1	4010 14100 IIII 1811 1811 1811 I
			IA DOUB		
STUART FL 34994 STUART FL 34994 STUART FL 34994 STUART FL 34994			AY DAIAE		
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				09/11/1997	
→ つ へ ∧ → → → → → → → → → → → → → → → → → →	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ALICE AVE.	26 Cuito Ant # 24		1 65 018 1015	Not Applicable
22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State		4 54 11 60 11 61	Fee Required
23 511	IAPIT EL	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zig 100	Country	Zip	Country	8. This corporation owes or has paid the c	
24 344	14 [25] MARTIN	29	30	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registere	
SCHUON, ROBERT E 81 Name Joyce Pati					
7				ress (P.O. Box Number is Not Acceptable)	A
STUART FL 34994				680 S.E. SCHOONER	CAKS WAU
			83		
			84 City <	7	les Zin Codo
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE CAUCE VALL SOVCE PATI					
	Signature typed or principlinane of registered agent		Registered Agent signature requir		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	SCHUON, ROBERT E	E better	1.1 TITLE		Change Addition
STREET ADDRESS	500 S.W. SOUTH CAROLINA [NDN/E	1.2 NAME		
CITY-ST-ZIP	STUART FL 34994	MITE	1.3 STREET ADDRESS]1
TITLE	0	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	NICHOLS, J. DOUGLAS	_ otter	2.2 NAME		Cusude Divontion
STREET ADDRESS	62 LINDA LEE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		2.4 City-St-Zip		
TITLE	010/01/12/07/04	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP	•		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	7777	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
HAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby o	ertify that the information supplied with	this filing does not avalify for	the automobile state of in	Carrier 440 67(0)() Fields Out to 14 H	24 11 11 1 1 1

4. 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 of 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 of the c

IGNATURE TO A TOTAL PROBIDENT CORE LITTERS 561-1692-365