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 #

P97000101810 (4)

CERTIFIED WATERCRAFT, INC.

Principal Place of Business

Mailing Address

8192 COLLEGE PARKWAY SE

B192 COLLEGE PARKWAY SE

FILED Feb 18 1998 8:00am Secretary of State



FORT MYERS FL 33919		FORT MYERS FL 33919		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					12/01/1997	_
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 11/00 S. CLEVELAND TEST SAME						Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 ///00 S. C. L. fu				NA AVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Might be	City & State 28 F myh	118	16	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 339	07 Country LEE		Counti	re	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	g, Name and Address of Current	Registered Agent		,	10. Name and Address of New Register	ed Agent
YA	SPARRO, P.T.		8	Name		
8192 COLLÈGE PARKWAY SE FORT MYERS FL 33919				82 Street Address (P.O. Box Number is Not Acceptable)		
			84	City		85 Zip Code
				1		- L. - -
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligation	of Florida. Such change was al	uthorized b	iv the coroorat	poration submits this statement for the purpos- tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered agon	t and title if applicable. (NOTE	: Registered Ag	ent signature requir	red when reinstating) DAT	£
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		DT VACDADDO	Change Addition
NAME	YASPARRO, P.T.		1.2 NAME		P.T. YASPARRO	
STREET ADDRESS	8192 COLLEGE PARKWAY SE	I	1.3 STREE	T ADDRESS	11100 S. Cleveland Ave	
CITY-ST-ZIP	FORT MYERS FL 33919		1.4 CITY-	ST-ZIP	Fort Myers, FL 33907	
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	t adoress		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY - ST - ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-ST-ZIP	-	Dr. ree	4.4 CITY-	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		\mathcal{M}	Charles Addition
NAME			5.2 NAME			W/10/
STREET ADDRESS			5.3 STREE		X()<	7//8
CITY-ST-ZIP			5.4 CITY - :	ST-ZIP		<u>/ </u>
TITLE		☐ DELÊTE	6.1 TITLE		الله والله الله الله الله الله الله الله	☐ Change ☐ Addition
NAME			6.2 NAME		1000024347 -02/19/9801002	roja Ona
STREET ADORESS			6.3 STREE	ADDRESS		USC
CITY+ST-7IP			64 City - 9	31.7IP	***150.00	

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 and uniterest in the analysis of the corporation or the receiver of 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.