PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087226

R RUNNER BOATS, INC.

1128 ROYAL PALM BLVD ROYAL PALM BEACH FL 33411

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90201 040 ***150.00



Principal Place of Business Mailing Address 1128 ROYAL PALM BLVD ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/12/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4092 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State ----City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip ΠNα Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DORE'. CHARLES 82 Street Address (P.O. Box Number is Not Acceptable) 1128 ROYAL PALM BLVD **ROYAL PALM BEACH FL 33411** 83 Zip 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 egopt, 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 farmly accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ared agent and title if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition Change DELETE @ President CHARLO DORE 1.1 TITLE TILE CR2E034 1.2 NAME NAME: BLUD 1.3 STREET ADDRESS 1128 ROYAL PACK STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZF Addition Change DELETE 21 111LE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE Done TITLE BEATRICE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 51 mm F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DFLETE MLE 8.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 СЛҮ- ST-ZJP

14. I hereby certify that the information supplied with this filling 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 agreed report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the coporation 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 in an etio simply will) an address, with all other like empowered.

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SIGNATURE: