SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90009 032 ***550.00

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DOCUMENT # P98000100928

THE BOAT DOCTOR, INC.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Data de el Dire	a of Business	Moiling Ad	idrace			, ,04(161), 110 (8(1), 14(1), 04(1), 04(1), 114(1)	04110 10110 11001
Principal Ptace of Business Mailing Address 27501 SOUTHWEST 165TH AVENUE 27501 SOUTHWEST 165TH AVENUE				A117411 10			
		27501 SOUTHWEST 165TH AVENUE HOMESTEAD FL 33031				` .	
HOMESTEAD FL 33031		HOMESTERD TE 30001				DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualified 12/04/1998	
2 Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21 ///	bile Service		5015W	165	ave_	65-0880554	Not Applicable
Suite, Apt.			Apt. #, etc.	/ -		5 Cartificate of Status Desired	\$8.75 Additional
22		27				5. Certaincate of Clarks Desired	Fee Required
City & Stat	. L / / /	28 40/	mectea	d_	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 3	- 		untry	8. This corporation owes the current year	Yes No
24 330	31 25 Cade	29 3	<u> 3031 </u>	30 2	pae		Yes No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent
					81 Name		
AMERILAWYER 82 Street Addre						Iress (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE					5lieet Addi	11655 (F.O. Box 14811Del 13 1401 Accoptable)	
CORAL GABLES FL 33134					83		85 Zip Code
	•						
					84 City	FL	85 Zip Code
	007.0500		Flacida Chatute	- tha at	novo pomod carpo	oration submits this statement for the purpose of ch	anging its registered
11. Pursuan	t to the provisions of sections 607.0502 registered agent, or both, in the State of	and 607.1508, of Florida, Suc	, Florida Statute h change was a	s, me au authorize	ed by the corporati	oration submits this statement for the purpose of chicon's board of directors. I hereby accept the appoin	tment as registered
agent. I	am familiar with, and accept the obliga-	tions of, sectio	n 607.0505, Flo	orida Sta	tutes.		ķ-==
SIGNATURE	Jim vucus	<u> </u>					
Signature, typed or printed name of registered agent and title if applicable. [NOTE					Tropicios of The Property of the Assessment of t		
12.	OFFICERS AND	DIRECTORS	;	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD		DELETE	1.1 T		l	Change Addition
NAME	LUCAS, TIMOTHY A			1.2 N	AME		
STREET ADDRESS	27501 SOUTHWEST 165TH AVE	NUE		1.3 87	TREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031	_		1.4 C	TY-ST-ZIP		
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*	·	•	DELETE	2.2 N			Change Change
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CITY-ST-ZIP				2.2 N	TREET ADDRESS -		Change Addition
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6.3 STREET ADDRESS

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 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 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.