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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S47311**

1. Corporation Name

THOROU	IGHBRED POWERBOATS,	INC.									
Principal Place	of Business	Mai	ling Address	-			1		1(801 (101 BIB)) (81#II B)811 Q1Q11	01811 01011 1001
1690 FITZPATRICK POINT 1690 FITZPAT			FITZPATRICK POINT	ATRICK POINT							
SANFORD FL 32771 SANFORD FL 32771							DO NOT W	RITE IN THIS	SPACE		
US US								ate Incorporated or Qualife			
								1/22/1991			
2. Principal Place of Business 2a. Mailing Address								Number	,	T A	pplied For
							9-3062792		_	ot Applicable	
25 Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.					ertifcate of Status Desired			Additional
22			7 <u> </u>			3. C	Tillicate of Status Desired		Fee F	tequired _	
			City & State	& State				ection Campaign Financin	9 🖸		May Be
23		28						ust Fund Contribution			to Fees
Zip	Country	_	Zip	⊢⊸ Cour	itry			is corporation owes the co	ırrent year In	itangible Yes	□No
24	25	29		30		 		ersonal Property Tax. ame and Address of Nev	Penistered		
	9. Name and Address of Curre	nt Regist	ered Agent		81	Name	10. N	ame and Address of Nev	rtegistered	- Aguit	
QTE!	DD KIM			Į.							
STEPP, KIM 3401 DAWN COURT					Street Address (P.O. Box Number is Not Acceptable)						
LAKE MARY FL 32746				-	83		90	1012 04111	<u> </u>		
CAIN	L HIAM I L OZI 40			ł						T* 1	
					84	City S	921	Ford.	FI	- 85 Zip	Code アファ/
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 60	7.1508, Florida Statut	es, the ab	ove	-named corpo	oration s	ubmits this statement for to	ne purpose o	f changing it	s registered registered
office of r agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flo	rida Statu	ites.	and 001p0.000					- }
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if	applicable (NOTE	Registered /	Agent	signature required	d when reins	tating)	DATE		
12.	OFFICERS AND DIRECTORS 1				_		AD	DITIONS/CHANGES TO	OFFICERS A	ND DIRECT	
TITLE	VP DELETE			1,1 TIT	1,1 TITLE			-		Change	e ☐ Addition
NAME	STEPP, KIMBERLY			1.2 NA	1.2 NAME						
STREET ADDRESS	1690 FITZPATRICK POINT			1.3 STI	1.3 STREET ADDRESS						1
CITY-ST-ZIP	SANFORD FL 32771			1.4 CIT	Y-ST	-ZIP	<u></u>				
TITLE	P DELETE			2.1 TIT	2.1 TITLE					Change	Addition
NAME	STEPP, STEVE			2.2 NA	ME						
STREET ADDRESS	1690 FITZPATRICK POINT			2.3 ST	REET	ADDRESS					J
- CITY-ST-ZIP	SANFORD FL 32771-		* <u></u> *	2. 4 CF		T-ZIP					- D Addition
TITLE			☐ DELETE	3.1 TIT	LE					Change	e
NAME				3.2 NA	ME						1
STREET ADDRESS				i i		ADDRESS					
CITY-ST-ZIP	<u> </u>			3.4. CI		T-ZIP				[] Chang	e Addition
TITLE			☐ DELETE	4.1 TIT		1				C) chang	, CAGOOON)
NAME	,			4. 2 N							ļ
STREET ADDRESS						ADDRESS)
CITY-ST-ZIP			☐ DELETE	4,4 CIT		T-ZIP				Change	a Addition
חדנE			☐ DECE IE	5.1 TIT 5.2 NA						- Onlaring	
NAME						ADDRESS)
STREET ADDRESS				5.4 CT							ĺ
CITY-ST-ZIP			☐ DELETE	6.1 TIT		(-217				[] Change	a Addition
TITLE						Ì					_
NAME				6.2 NA	ME	l l					ļ

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 information indicated on this annual report or supplement 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 foceiver or trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90117 020 ***150.00