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**

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90212 018 ***150.00

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DOCUMENT #	S66779
1 Corporation Name	

MY BOAT CORP.

Principal Place of Business 1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009

Mailing Address

1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 07/09/1991		
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0417339	Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Country	Zip 29 3	Country 30		This corporation owes the current year In Personal Property Tax.	tangible ☑ Yes ☐ No	
9 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	KELSEY, CHARLES M., JR		81	Name			
1812 S.W. 31ST AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	PEMBROKE PARK FL 33009		83				
			84	City	FL	85 Zip Code	
		OR and COT AERO Florida Chetutes	a tha abaya		aretian automite this etatement for the nurness of	f changing its registered	

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.

3	, ,					
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: F	legistered Agent signature require	d when reinstating) DATE		
12.	OFFICERS AND DIR		13.	, ignit of grant of g		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	KELSEY, CHARLES M., JR		1.2 NAME			
STREET ADDRESS	1812 S.W. 31ST AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PARK FL		1.4 CITY-ST-ZIP		•	
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	KELSEY, CHARLES M., JR		2.2 NAME			
STREET ADDRESS	1912 S.W. 31ST AVE.		2.3 STREET ADORESS			
CITY-ST-ZIP	PEMBROKE PARK FL		2. 4 CITY-ST-ZIP			
TITLE		☐ 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		C DELETE	4.1 TITLE		Change	☐ Addition
NAME !			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			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			

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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

s M. Kelsey J. Pres. RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

954-981-8073

Daytime Phone #