

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S67340 1. Corporation Name AMERICAN BOAT SERVICES, INC.					
Principal Place of Business 04 SW 140TH COURT MIAMI FL 33175		Mailing Address 4804 SW 140 CT MIAMI FL 33175			

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP 24 AM 11:46

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTION STATED IN SECTION 119.07(3)(f), FLORIDA STATUTES. I FURTHER CERTIFY THAT THE INFORMATION LOCATED 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 EMPLOYED 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 ATTACHMENT TO THIS ADDRESS.

DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 07/18/1991					
Principal Place of Business		2a. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		29		30	
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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.

SIGNATURE		DATE	
Signature of officer or director of corporation and the registered agent and the registered agent, if applicable.		(NOTE: Registered Agent signature required when instituting)	
OFFICERS AND DIRECTORS		CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME		1.1 TITLE	
2. ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. CITY-STATE-ZIP		2.1 TITLE	
6. CITY-STATE-ZIP		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	
10. CITY-STATE-ZIP		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. CITY-STATE-ZIP		4.1 TITLE	
14. CITY-STATE-ZIP		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. CITY-STATE-ZIP		5.1 TITLE	
18. CITY-STATE-ZIP		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	
22. CITY-STATE-ZIP		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information located 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 employed 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 attachment to this address.

 SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE034 (5/99)