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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74186

(5)

LONGBOAT-U.S. HOLDINGS, INC.

Principal Place of Business		Mailing Address			I TODITORIO ETE EBUSE RELABE ITADE FRANCE OFILE BETEL ANDIE WEBSE REBLE ITADE		
7227 CLINT MO	OORE ROAD	7227 CLINT MOORE RO	AD				
SUITE 102	F1 00400	SUITE 102	1400		ł		
BOCA RATON F	FL 33496	BOCA RATON FL 33496- US	-1402		3. Date Incorporated or Qualified	3a. Date of Last Report	rt
03		VV			08/19/1991	04/25/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	Applied	d For
21		26			65-0281211		plicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additi	
City & State		City & State			6. Election Campaign Financing	\$5.00 May	
23		28			Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Coun	ry	8. This corporation has liability for i		9.032,
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Re	pistered Agent	
	EN, MICHAEL J.		ľ	i ivame			
2033 MAIN STREET			E	Street Address (P.O. Box Number is Not Acceptable)			
	TE 600			3			
SAH	ASOTA FL 34230		"				
			8	4 City		FL 85 Zip Code	e
11. Pursuant ti	to the provisions of Sections 607.0	502 and 607, 1508. Florida Stat	utes, the abo	ve-named cor	poration submits this statement for the p	urpose of changing its rec	gistered
office or re	egistered agent, or both, in the Sta	ate of Florida Such change was	s authorized	by the corpora	ation's board of directors. I hereby accep	of the appointment as regis	stered
5	m familiar with, and accept the obl	ligations of, Section 607.0505, I	riorida Statu	es.			
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (No	OTE: Registered /	Agent Bignature requ	lifed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	V 12
TITLE	PTD	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	ANSEL, JEROME		1,2 NAN	IE			
STREET ADDRESS	7227 CLINT MOORE ROAD		1.3 STR	ET ADDRESS			
CHTY - ST - ZIF	BOCA RATON FL		1.4 CITY	- ST - ZIP			
TITLE	8	☐ DELETE	2.1 TITL	E		Change [	Addition
NAME	ANSEL, ESTER		2.2 NAN	iE .			
STREET ADDRESS	7227 CLINT MOORE RD.		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	T AF. CVP		Y - ST - ZIP			7
TITLE	VP	DELETE	3.1 TITL			L_] Change L	Addition
NAME	REITSMA, RONALD A.		3.2 NAM				
STREET ADDRESS	7227 CLINT MOORE RD.		•	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	T priet		Y-ST-ZIP		7 7 6 6 6 6 6	Tables
TITLE		L DELETE	4.1 TITL			Change	Addition
NAME			4. 2 NAI				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 C(T) 5.1 TITL	r-ST-ZIP		☐ Change	Addition
TITLE		ר"ו הכינור	5.1 IIIL 5.2 NAN	1		La change L	T VOUIDE
NAME OTREET ADDRESS				EET ADDRESS			
STREET ADDRESS							
Outy or are		DELETE	6.1 TITL	'-ST-ZIP F		Change	Addition
CHY-ST-ZIP			3.1 IIIL	- 1			
THTLF			6.2 NAA	1E			
TITLE NAME			6.2 NAM 6.3 STR				
THILF NAME STREET ADDRESS			6.3 STA	EET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	by certify that the information supp	olied with this filing does not qu	6.3 STR 6.4 City	EET ADDRESS (-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the	<u></u>

SIGNATURE:

E AND TYPED OR PHUTES NAME OF SIGNING OFFICER OF DIRECTOR

197 561-487-0700

**FILED** 

Feb 11 1997 8:00am

Secretary of State