SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # S88668 (6) WATERLINE YACHTS, INC. Principal Place of Business Mailing Address 1287 ROCKLEDGE DR. 1287 ROCKLEDGE DR. RODKLEDGE FL 32955 RODKLEDGE FL 32955 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Country Zip 25 24 29 30 9. Name and Address of Current Registered Agent 81 Name

FILED Jul 21 1997 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1991 06/25/1996 4, FEI Number Applied For 59-3098783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible TYES ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent MACKENZIE, DUNCAN 1287 ROCKLEDGE DR. R2 Street Address (P.O. Box Number is Not Acceptable) ROCKLEDGE FL 32955 83 84 City Zip Code 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 THUE Addition TITLE MACKENZIE, DUNCAN NAME 1.2 NAME 1287 ROCKLEDGE DR. STREET ADDRESS 1.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE 2.1 TITLE ☐ Change Addition TITLE MACKENZIE, DUNCAN, III NAME 22 NAME 1287 ROCKLEDGE DR. STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 2.4 C(1Y - ST - Z(P) DELETÉ 3.1 TITLE Change Addition TITLE MACKENZIE, MARILYN NAME 3.2 NAME 1287 ROCKLEDGE DR. STREET ADDRESS 3.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP .. DELETE Addition TITLE 61 TITLE Change NAME 6.2 NAME STREET ADDRESS 6/3 STREET ADDRESS ST CITY-S1-ZIP en CITY-ST-ZIP

14. I do 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 proporation or the receiver on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

changed, or on an attachment will an address

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