

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **S94166**

(3)

95 MAY -1 PM 10:17

INTERNATIONAL BOATLIFT EXCHANGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

510 SPORTSMAN PARK DRIVE
SEFFNER FL

510 SPORTSMAN PARK DRIVE
SEFFNER FL

DATE OF REPORT: 06/20/1994

3. Date of Incorporation or Reincorporation 11/14/1991	3a. Date of Last Report 06/20/1994
4. Filing Number 59-3094042	Aggregates Fee Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for corporate tax under 13(e)(1)(B) ☒ Yes ☐ No	

2. Filing Number of 1994 Report 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COON, JEFFREY C., P.A.
777 SOUTH BARBOUR ISLAND BLVD.
SUITE 220
TAMPA FL 33602

81. Name	85. State
82. Street Address	FL
83.	
84.	

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the corporation's financial condition for the period ending on the date specified in the report, and that the same is true and correct to the best of my knowledge and belief.

12. D ALFIERI, JAMES A. 510 SPORTSMAN PK DR. SEFFNER FL	13. AGENT HAS CHANGED TO: (CHECK ONE) ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 13(e)(1)(B) of the Florida Statutes. I further certify that the information is not subject to the general request for suppression and release of information and that my supervisor shall have the same legal effect as if made in confidence. I further certify that the information is not subject to the general request for suppression and release of information and that my supervisor shall have the same legal effect as if made in confidence. I further certify that the information is not subject to the general request for suppression and release of information and that my supervisor shall have the same legal effect as if made in confidence.

SIGNATURE:
SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-25-95 813-653-4390