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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V28303

(8)

FILED Feb 18 1998 8:00am Secretary of State

1. Corporation	TAL LAKE BOATS & R.V. S	STORAGE, INC.	- 1				LIEN ELEK TIEN KERI
Principal Place	a of Businoss	Mailing Address	·		I LOBALE OLIVEN TODOL EDVEN LLOLLE	(IN BURIL BADU DADA	DIDII BIBII BIBII INDI
1951 NW 44 ST POMPANO BEACH FL 33064 POMPANO BEACH F		L 33064		DO NOT WRITE	IN THIS SDACE		
					DO NOT WRITE	IN THIS SPACE	
					3. Date incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address			04/14/1992 4. FEI Number		Applied For
26		h =			-		Applied For Not Applicable
		Suite, Apt. #, etc	Suile, Apt #, etc		65-0320073	_ \$8	75 Additional
22		27	1		5. Certificate of Status Desired	1 1 ***	e Required
City & State		City & State	City & State		6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Z _i p	Country	Zip	Cour	ntry	8. This corporation owes or has pai		
24	26 29		30		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
U	ACENTRA, CHARLES A.		i	B1 Name			
1951 NW 44 ST			ŀ	82 Street A	dress (P.O. Box Number is Not Acceptab	le)	
P	OMPANO BEACH FL 33064		<u> </u>				
			1	83			
			ŀ	84 City		—. 85	Zip Code
					orporation submits this statement for the p tration's board of directors. I hereby accep		•
SIGNATURE	n familiar with, and accept the obligi	भा कर्ण्य tille व वृद्धाः वर्षातः (NO	It Registered		quired when reinstaling)	DATE	
12.	OFFICERS AND	DELETE	13.	. 1	ADDITIONS/CHANGES TO OFFIC		
NAME	I ACENTRA CUARIFO A					☐ Cha	nge
STREET ADDRESS	LACENTRA, CHARLES A. 1951 NW 44 ST		1.2 NAI				
				REET ADDRESS			
CITY-ST-ZIP TITLE	POMPANO BEACH FL	DELETE	1.4 UT	Y-ST-ZiP		☐ Cha	nge Addition
NAME	LACENTRA, HEATHER A.	ottere	2.2 NA	i i			inge Audition
STREET ADDRESS	1951 NW 44 ST			IEET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL						
TITLE	TOM AND DESCRIPT	DELETE	3.1 TITI	Y-ST-ZIP		□ Cha	nge Addition
NAME			3.2 NAI			_ 0.0	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge Addition
NAME			4.2 NA	ME			
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Cha	nge
NAME			5.2 NA)	AE .			-
STREET ADDRESS				EE1 ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELFTE	6.1 TITL			Cha	nge
NAME			6.2 NAM	AE			
STREET ADORESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
e e i bassini sa	artifu that the information complete wi	th thin bling does not qualify t			in Continue 440 07/0V/). Electeda Otable - 1.6		

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 arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it that good or on an attach mode with an endress.

SIGNATURE

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20/98 954-973-432