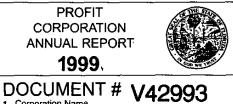
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90054 006 \*\*\*150.00

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ALLIANCE RIGID INFLATABLE BOATS, INC.	

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Principal Pla	ace of Business	Mailing Address			1 (BB14 B)(8)( B)018 (J879 19(6 [6108 ]	are miller miller biller biller	,,411 81411 1481		
2499 GLADES	S RD., SUITE 305-A	2499 GLADES RD., SUITE	305-A						
BOCA RATON FL 33431 BOCA RATON FL 33431					DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IN THIS SPACE			
					06/10/1992				
2 Principal	Place of Rusiness	2a. Mailing Address			4. FEI Number	Ar	oplied For		
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc.				65-0341559		ot Applicable			
			استان فررسد رياد		\$8.75	Additional			
22	the state of the s	27			5. Certifcate of Status Desired	Fee Re			
City & St	ate	City & State		<del></del>	6. Election Campaign Financing	\$5.00	May Be		
23 28		28	<del></del>		Trust Fund Contribution	to Fees			
					8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.	☐ Yes	□No		
_1	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent			
			8	11 Name	·				
	LLER, JOHN P		ļ <u>.</u>	2 Street Ad	dress (P.O. Box Number is Not Acceptable	<u> </u>			
	99 GLADES RD., SUTIE 305-A		1	Juleet Au	— — — — —	<u>,                                     </u>			
BO	ICA RATON FL 33431		8	3					
			}_	4 0%		es Zin	Code		
			ľ	City		FL  85   Zip (	700 <del>0</del>		
12.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	DRS IN 12		
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Additio		
NAME	MANOUSSO, GEORGE A		1.2 NAM	E					
STREET ADORES	OI 1050 DO OIITT 0	05-A	1.3 STRE	EET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY	-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITLE			Change	☐ Additio		
NAME	MANOUSSO, JACQUELINE		2.2 NAM	E					
STREET ADDRES		05-A	2.3 STRE	ETADORESS					
CITY-ST-ZIP	BOCA RATON FL 33431	in the second second	2. 4 CITY	ST-ZIP -	وطيه بلوط البياني إروائع بالعوميانسيسين	والمنصور المعاصورة			
TITLE	ST	☐ DELETE	3.1 TITLE			Change	Addition		
NAME	MILLER, JOHN P	,	3.2 NAM	E	·				
STREET ADDRES		05-A	3.3 STRE	EET ADDRESS					
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		3.4, CITY	-ST-ZIP					
TITLE	ST	☐ DELETE	4.1 TITLE	-		Change	☐ Additio		
NAME	MILLER, JOHN P.		4. 2 NAM	IE					
STREET ADORES	ss 3650 N FEDERAL HWY 209		4.3 STRE	EET ADDRESS	•				
CITY-ST-ZIP	LIGHTHOUSE POINT FL		4.4 CITY	-ST-ZIP	<u></u>	<del></del>			
TITLE	14	☐ DELETE	5.1 TITLE	I .		☐ Change	Addition Addition		
NAME			52 NAM	1					
STREET ADDRES	SS .		5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ <b>DE</b> LETE	6.1 TITLE	•	· · · · · · · · · · · · · · · · · · ·	Change	Additio		
NAME			6.2 NAM	E					
STREET ADDRES	201		6.3 STRE	ET ADDRESS					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplier ental annual report is rue 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 empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and attachment with an adjust, with all other like empowered.

SIGNATURE: