Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V45584**

1. Corporation Name

Principal Place of Business

SPEED BOAT ADVENTURES, INC.

301 SEABREEZE BLVD. A1A SOUTH  FORT LAUDERDALE FL 33316  SEABREEZE BLVD.  FT. LAUDERDALE FL 33316-1619  US						l l	DO NOT WRI		SPACE	
2. Principal Place of Business 2a. Mailing Address						4. FEI N			A	pplied For
21		26	-			65-0	352977		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							cate of Status Desired		<b>+</b>	Additional lequired
City & State			ity & State			6. Electic	on Campaign Financing		\$5.00	May Be
23 28						i i	Fund Contribution		•	to Fees
Zip	Country	Z	ip	Country		8. This c	orporation owes the cur	rent year Inta	ıngible	
24	25 29 30				Personal Property Tax. Yes 🗷 No					
	9. Name and Address	of Current Register	ed Agent			10. Name	and Address of New	Registered A	lgent	
				81	Name					.
KENT, NORMAN, ELLIOTT 805 EAST BROWARD BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300					\ 	_				
FORT LAUDERDALE FL 33301										
				84	City			FL		Code
office or re agent. I an SIGNATURE	o the provisions of Section egistered agent, or both, in n familiar with, and accept	the State of Florida. the obligations of, Se	Such change was autiection 607.0505, Florid	nonzed by la Statutes	tne corpo	ration's board of	directors. I hereby acce	purpose of opt the appoin	changing its	s registered egistered
	Signature, typed or printed name of n				nt signature re	equired when reinstating	ONS/CHANGES TO OF		D DIRECT	OPS IN 12
12.		CERS AND DIRECT	DELETE	13.		P/M	UNS/CHANGES TO UP	FICERS AND	Change	
TITLE	PST		□ nere ie	1.1 TITLE			L. ROBERT G.		(Z) onlings	
NAME	NEWELL, ROBERT G.			12 NAME		NEWEN	REEZE BLVG	)		
STREET ADDRESS	301 SEABREEZE BLV				T ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE F	<u>L</u>	57	1.4 CITY-S	T-ZIP	FT. LAUDE	RDALE FL 33	3/10-16	/9 ☐ Change	Addition
TITLE	D		▼ DELETE	2.1 TITLE		V/s/0		1	☐ Change	M vadinou
NAME	NEWELL, ROBERT G.			2.2 NAME		STREE	TIL OLIVER	ζW,		}
STREET ADDRESS	301 SEABREEZE BLV			2.3 STREE	TADDRESS		J. 75 TH TERR.			
CITY-ST-ZIP	<u> Fort Lauderdale F</u>	<u>L</u>		2.4 CITY-5	ST-ZIP	PLANTAT	TIEN F. 333	17		Addition
TITLE			☐ DELETE	3.1 TITLE		7/0			☐ Change	D Addition
NAME				3.2 NAME	1	MCINTY	RE, ROBERT	U, we a		l
STREET ADDRESS				3.3 STREE	TADDRESS		EETWATER LAN			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP	BOEA RA	TON FL 3343	3/		
TITLE			☐ DELETE	4.1 TITLE				•	Change	Addition
NAME				4. 2 NAME	-					
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T- ZIP	_				
TITLE			☐ DELETE	51 TITLE			* **		. Change	a ☐ Addition (
NAME				52 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS					
CITY-ST-ZIP				6.4 CITY-S	IT-ZIP					

**FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90214 029 \*\*\*150.00

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 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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: