

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001724 (3)**

1. Corporation Name
OMC RECREATIONAL BOAT GROUP, INC.



Principal Place of Business: **100 SEA HORSE DR. WAUKEGAN IL 60085**
Mailing Address: **100 SEA HORSE DR. WAUKEGAN IL 60085**

3. Date Incorporated or Qualified: **04/05/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3918531** Applied For: 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 intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: **FL** B5 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	BOWMAN, H.W.	
STREET ADDRESS	100 SEA HORSE DR.	
CITY-STATE-ZIP	WAUKEGAN IL	
TITLE	DP	<input type="checkbox"/>
NAME	EK, W.J.	
STREET ADDRESS	8161 15TH ST., E.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/>
NAME	BADDELEY, D.J.	
STREET ADDRESS	100 SEA HORSE DR.	
CITY-STATE-ZIP	WAUKEGAN IL	
TITLE	VS	<input type="checkbox"/>
NAME	MALOVANY, H.	
STREET ADDRESS	100 SEA HORSE DRIVE	
CITY-STATE-ZIP	WAUKEGAN IL	
TITLE	V	<input type="checkbox"/>
NAME	VANIK, B.W.	
STREET ADDRESS	8161 15TH ST., E.	
CITY-STATE-ZIP	SARASOTA FL 34243	
TITLE	V	<input type="checkbox"/>
NAME	OLSON, C.J.	
STREET ADDRESS	7TH & C STREETS	
CITY-STATE-ZIP	CULVER OR 97734	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

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05/13/96-01016-019
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **X** *H. Malovany* 4/29/96 847-689-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **H. Malovany, Vice President Secretary**

CR2E034 (12/95)

5/1/96