

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001724 (3)**

**1. Corporation Name**  
**OMC RECREATIONAL BOAT GROUP, INC.**



Principal Place of Business <b>100 SEA HORSE DR. WAUKEGAN IL 60085</b>	Mailing Address <b>100 SEA HORSE DR. WAUKEGAN IL 60085-2141</b>
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<b>3. Date incorporated or Qualified</b> 04/05/1994	<b>3a. Date of Last Report</b> 05/01/1996
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> State, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>4. FEI Number</b> 36-3918531	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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** \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY- ST- ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>P</b>
<b>2.3 STREET ADDRESS</b>	<b>VITULLI, C.J.</b>
<b>2.4 CITY- ST- ZIP</b>	<b>100 SEA HORSE DR. WAUKEGAN IL 60085</b>
<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>D/V/S</b>
<b>3.3 STREET ADDRESS</b>	<b>BADDELEY, D.J.</b>
<b>3.4 CITY- ST- ZIP</b>	<b>100 SEA HORSE DR. WAUKEGAN IL 60085</b>
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>V</b>
<b>4.3 STREET ADDRESS</b>	<b>FULMER, R.L.</b>
<b>4.4 CITY- ST- ZIP</b>	<b>925 FRISBEE ST. CADILLAC MI 49601</b>
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY- ST- ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2 NAME</b>	<b>V/D</b>
<b>6.3 STREET ADDRESS</b>	<b>ROMANO, R.S.</b>
<b>6.4 CITY- ST- ZIP</b>	<b>100 SEA HORSE DR. WAUKEGAN IL 60085</b>

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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 amendment with an address.**

**SIGNATURE:** **R.S. ROMANO** **VICE PRESIDENT AND ASST. SECRETARY**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**847-689-6200**  
 Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_

CR2E034 (9/96)

**OMC RECREATIONAL BOAT GROUP, INC.  
Officers and Directors**

Effective:  
01/16/97

**Officers:**

President  
Vice President, Seaswirl  
Vice President, Four Winns  
Vice President, Sunbird  
Vice President and Secretary  
Vice President and Assistant Secretary  
Assistant Secretary and Treasurer

Vitulli, C.J.  
Olson, C.J.  
Fulmer, R.L.  
Timmer, B.E.  
Baddeley, D.J.  
Romano, R.S.  
Repp, G.G.

**Directors:**

Chairman

Bowman, H.W.  
Baddeley, D.J.  
Romano, R.S.