

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

**FILED**

**May 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/05/1994</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>36-3918531</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOWMAN, H.W.</b>	
STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
CITY-ST-ZIP	<b>WAUKEGAN IL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VITULLI, C.J.</b>	
STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
CITY-ST-ZIP	<b>WAUKEGAN IL</b>	
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BADDELEY, D.J.</b>	
STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
CITY-ST-ZIP	<b>WAUKEGAN IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FULMER, R.L.</b>	
STREET ADDRESS	<b>925 FRISBEE ST.</b>	
CITY-ST-ZIP	<b>CADILLAC MI</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROMANO, R.S.</b>	
STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
CITY-ST-ZIP	<b>WAUKEGAN IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

11 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>JONES, JR., D.D.</b>	
13 STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
14 CITY-ST-ZIP	<b>WAUKEGAN, IL 60085</b>	
21 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>OLSON, C.J.</b>	
23 STREET ADDRESS	<b>7TH + C STREETS</b>	
24 CITY-ST-ZIP	<b>CULVER, OR 97734</b>	
31 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>TIMMER, B. E.</b>	
33 STREET ADDRESS	<b>2348 SHOP ROAD</b>	
34 CITY-ST-ZIP	<b>COLUMBIA, S.C. 29201</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>ROMANO, R.S.</b>	
53 STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
54 CITY-ST-ZIP	<b>WAUKEGAN, IL 60085</b>	
61 TITLE	<b>ASST. S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>REPP, G.G.</b>	
63 STREET ADDRESS	<b>100 SEA HORSE DR.</b>	
64 CITY-ST-ZIP	<b>WAUKEGAN, IL 60085</b>	

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

SIGNATURE: *Sandra B. Mortham*

4-21-98 (847) 689-7157

CR2E034 (10/97)