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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745064
 1. Corporation Name
COCOA BEACH BOATING CLUB, INC.

Principal Place of Business 645 S. ATLANTIC AVE. COCOA BEACH FL 32931 US	Mailing Address 645 S. ATLANTIC AVE. COCOA BEACH FL 32931 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1889055
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HUEY, SAM 645 S. ATLANTIC AVE. COCOA BEACH FL 32931	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE NAME CHAPP, BILL STREET ADDRESS 630 S BREVARD AVE, #131 CITY-ST-ZIP COCOA BEACH FL	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GANNON, FRANCIS X. 630 S. BREVARD AVE #1117 COCOA BEACH, FL 32931
TITLE VP	<input checked="" type="checkbox"/> DELETE NAME GANNON, FRANK STREET ADDRESS 630 S BREVARD AVE, #1117 CITY-ST-ZIP COCOA BEACH FL 32931	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLLIE BOLLWEILER 30 YAWL DRIVE COCOA BEACH, FL 32931
TITLE S	<input type="checkbox"/> DELETE NAME GANNON, MARY STREET ADDRESS 630 S BREVARD AVE, APT 1117 CITY-ST-ZIP COCOA BEACH FL 32931	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE NAME LAZOWSKA, GENIE STREET ADDRESS 172 JAMAICA DRIVE CITY-ST-ZIP COCOA BEACH FL	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NINA FLANNAGAN 590 S. BREVARD AVE COCOA BEACH, FL 32931
TITLE D	<input checked="" type="checkbox"/> DELETE NAME LEISER, FRED STREET ADDRESS 202 JUNE DR CITY-ST-ZIP COCOA BEACH FL	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition HENRY NATZKER 3950 OCEAN BEACH BLVD. COCOA BEACH FL 32931
TITLE D	<input checked="" type="checkbox"/> DELETE NAME KRONBERG, GEORGE STREET ADDRESS 2090 N ATLANTIC AVE CITY-ST-ZIP COCOA BEACH FL	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition GWEN MARTIN 530 S. BREVARD AVE COCOA BEACH, FL 32931

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 617, 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: *Francis X. Gannon* 6/30/99 407 783 1612
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)