

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34155 (2)**

1. Corporation Name  
**BITTER END YACHT CLUB INTERNATIONAL, INC.**

Principal Place of Business <b>875 NORTH MICHIGAN, SUITE 3707                  CHICAGO IL 60611</b>	Mailing Address <b>875 NORTH MICHIGAN, SUITE 3707                  CHICAGO IL 60611</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1991</b>	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number <b>36-3520761</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P STRAUSS, JONATHAN</b>	1.2 NAME	<b>P HOKIN, DANA</b>
STREET ADDRESS	<b>3020 WATERLOO</b>	1.3 STREET ADDRESS	<b>232 E. WALTON 9-E</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP	<b>CHICAGO, IL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S HOKIN DANA</b>	2.2 NAME	<b>S STRAUSS, JONATHAN</b>
STREET ADDRESS	<b>222 E CHESTNUT 10-C</b>	2.3 STREET ADDRESS	<b>3020-10 N. WATERLOO</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	<b>CHICAGO, IL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Y GELFELD, MARK</b>	3.2 NAME	
STREET ADDRESS	<b>2252 STRAWBERRY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLENVIEW IL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D HOKIN, MYRON</b>	4.2 NAME	<b>D HOKIN, RICHARD</b>
STREET ADDRESS	<b>175 EAST DELAWARE</b>	4.3 STREET ADDRESS	<b>25 SHIPWAY ROAD</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	<b>DARIEN, CT</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DUNLOP, DEREK</b>	5.2 NAME	
STREET ADDRESS	<b>BOX 135, BRITTANIC HALL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROAD TOWN, TORT.,BVI</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/14/98**

CR2E034 (10/97)