

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1082

FILED

97 SEP -5 AM 8:52

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000009898 (3)**  
 1. Corporation Name  
**ERIC'S OUTBOARD MARINE SERVICE, INC.**

Principal Place of Business <b>18320 S.W. 190TH STREET MIAMI FL 33187</b>	Mailing Address <b>18320 S.W. 190TH STREET MIAMI FL 33187</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8755 SW 129 ST.</b>	2a. Mailing Address 26 <b>P.O. Box 970907</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>MIAMI, FLORIDA</b>	28 City & State <b>MIAMI, FLORIDA</b>
24 Zip <b>33176</b> Country <b>USA</b>	29 Zip <b>33197</b> Country <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0649362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GROSSMAN, RANDE  
 8244 S.W. 206 TERRACE  
 MIAMI FL 33189**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>Pres. ERIC RAISTKICK</b>	<b>33187</b>	<b>19320 SW 190 St Miami</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>900002287739--4</b>
1.3 STREET ADDRESS	<b>-09/08/97--01166--007</b>
1.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 liquidator 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.

CR2E034 (4/97)

ad

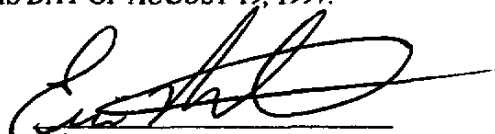
8/12/97 206 05/10/97

AFFIDAVIT

BE IT ACKNOWLEDGED, THAT OF ERIC RAISTRICK, THE UNDERSIGNED DEPONENT, BEING OF LEGAL AGE, DOES HEREBY DIPOSE AND SAY UNDER OATH AS FOLLOWS: I ERIC RAISTRICK NEVER RECIEVED FROM THE FLORIDA DEPARTMENT OF STATE 1ST NOTICE FOR 1997 PROFIT CORPORATION ANNUAL REPORT PACKET.

AND I AFFIRM THAT THE FOREGOING IS TRUE EXCEPT AS TO STATEMENTS MADE UPON INFORMATION AND BELIEF, AND AS TO THOSE I BELEIVE THEM TO BE TRUE.

WITNESS MY HAND UNDER PENALTIES OF PERJURY THIS DAY OF AUGUST 19, 1997.

  
SIGNATURE

STATE OF FLORIDA  
COUNTY OF DADE

ON 8-19-1997 BEFORE ME, ERIC RAISTRICK PERSONALY APPEARED, PERSONALLY KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME IN HIS AUTHORIZED CAPACITY, AND THAT BY HIS SIGNATURE ON THE INSTRUMENT THE PERSON, OR THE ENTITY UPON BEHALF OF WHICH THE PERSON ACTED, EXECUTED THE INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL.

Shauna Wendy Lawson  
SIGNATURE



AFFIANT KNOWN