

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010223 (0)
 1. Corporation Name
WESTPORT YACHT SALES, INC.

Principal Place of Business 19677 120 AVE S BOCA RATON FL 33498	Mailing Address 19677 120 AVE S BOCA RATON FL 33498
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2957 State Road 84 Suite, Apt. #, etc. 22	2a. Mailing Address 26 2957 State Road 84 Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL.	City & State 28 Ft. Lauderdale, FL.
Zip 24 33312	Country 25 U.S.A.
Zip 29 33312	Country 30 U.S.A.

3. Date Incorporated or Qualified 01/29/1997	
4. FEI Number 65-0730966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 JOSIAS, STEVEN L 3099 E COMMERCIAL BLVD, SUITE 200 FT LAUDERDALE FL 33308	10. Name and Address of New Registered Agent <table border="1"> <tr><td>B1</td><td>Name</td></tr> <tr><td>B2</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>B3</td><td></td></tr> <tr><td>B4</td><td>City</td></tr> <tr><td>B5</td><td>Zip Code</td></tr> </table>	B1	Name	B2	Street Address (P.O. Box Number is Not Acceptable)	B3		B4	City	B5	Zip Code
B1	Name										
B2	Street Address (P.O. Box Number is Not Acceptable)										
B3											
B4	City										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRESTON, RUSSELL S III		1.2 NAME Russell S. Preston III	
STREET ADDRESS 19677 120 AVE S		1.3 STREET ADDRESS 19677 120th Ave. South	
CITY-ST-ZIP BOCA RATON FL 33498		1.4 CITY-ST-ZIP Boca Raton, FL. 33498	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Richard J. Rust	
STREET ADDRESS		2.3 STREET ADDRESS P.O. Box 308 "N/A"	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Westport, WA. 98595	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Randolph J. Rust	
STREET ADDRESS		3.3 STREET ADDRESS P.O. Box 308 "N/A"	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Westport, WA. 98595	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME J. Orin Edson	
STREET ADDRESS		4.3 STREET ADDRESS P.O. Box 261 "N/A"	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Lakewood, WA. 98259	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

CR2E034 (10/97)