


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

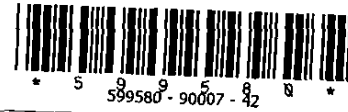
FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000049363
 1. Corporation Name
 Port Everglades Outboard Service, Inc.

Principal Place of Business 611 Ponce De Leon Drive, # 1 Fort Lauderdale, FL 33316	Mailing Address 611 Ponce De Leon Dr # 1 Fort Lauderdale, FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 611 Ponce De Leon Dr # 1 Suite, Apt. #, etc.	2a. Mailing Address 26 611 Ponce De Leon Dr # 1 Suite, Apt. #, etc.
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL
24 Zip 33316	30 Country USA

3. Date Incorporated or Qualified June 1, 1998	4. FEI Number 65-0842496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent
 Joseph Gerardo
 611 Ponce De Leon Drive, # 1
 Fort Lauderdale, FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Joseph Gerardo President DATE 7/27/99
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D/P/V/T/S	<input type="checkbox"/>
NAME	Joseph Gerardo	
STREET ADDRESS	611 Ponce De Leon Drive, # 1	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: Joseph Gerardo President DATE 7/27/99 954-294-5792
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)

P98000049363
599580-90001-42

Port Everglades Outboard Service, Inc.
611 Ponce De Leon Drive, # 1
Fort Lauderdale, FL 33316

July 27, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

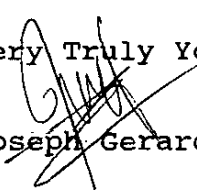
Re: Port Everglades Outboard Service, Inc. (P98000049363) Annual Report

Dear Sir or Madam,

We have not received an annual report form for 1999. My accountant advised me that we should have received one from your office earlier this year. Since we have no record of receiving such a form, my accountant prepared one for us. Accordingly, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive an annual report from your office this year. Please note any necessary changes that need to be made to your records regarding the business address and mailing address for this corporation. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,


Joseph Gerardo, President