

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

FILED

Apr 06 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 # 341232 (7)  
1. Corporation Name  
FLORIDA FLOATS, INC.

Principal Place of Business 1813 DENNIS ST. JACKSONVILLE FL 32204 US	Mailing Address BELLINGHAM MARINE P.O. BOX 8 BELLINGHAM WA 98227 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1969	4. FEI Number 59-1230548	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 checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

11. Pursuant to the provisions of Sections 607.05(2) 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENMAN, PHILLIP A	
STREET ADDRESS	1205 INDUSTRIAL PLACE	
CITY-ST-ZIP	DIXON CA 95620	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, MITCHELL J	
STREET ADDRESS	1001 "C" ST,	
CITY-ST-ZIP	BELLINGHAM WA 98225	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, GEORGE	
STREET ADDRESS	STE. #1718 MARINE DR.	
CITY-ST-ZIP	WEST VANCOUVER, CANADA BC V741J-3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NISHIDA, KITAO	
STREET ADDRESS	450 A ST. STE. #505	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALGREN, LARRY R	
STREET ADDRESS	1001 "C" ST,	
CITY-ST-ZIP	BELLINGHAM WA 98225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARION, ROGER	
STREET ADDRESS	343 POPLAR AVE. QUALICUM BEACH	
CITY-ST-ZIP	VANCOUVER ISLAND, CANADA BC V9K1J-7	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: Mitchell J. Taylor

March 9, 1998 (360) 676-2800

CR2E034 (10/97)