


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90208 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722255					
1. Corporation Name MARINE INDUSTRIES ASSOCIATION OF GREATER TAMPA BAY INC.					
Principal Place of Business P.O. BOX 1365 CLEARWATER FL 34617			Mailing Address P.O. BOX 1365 CLEARWATER FL 34617		



2. Principal Place of Business 21 P.O. Box 1365 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1365 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/13/1971	
22		27		4. FEI Number 59-1559899 Applied For <input type="checkbox"/> Not Applicable	
23 CLEARWATER FL City & State Zip 33757 Country USA		28 CLEARWATER FL City & State Zip 33757 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KIRN, ROBERT G. 300 S DUNCAN AVENUE #122 CLEARWATER FL 33755				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PD KIRN, ROBERT G.				1.2 NAME			
STREET ADDRESS 300 S DUNCAN AVE #122				1.3 STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL				1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME VD HITCH, DOUG				2.2 NAME VD MCGINNESS, CYNTHIA			
STREET ADDRESS 12910 AUTOMOVILE BLVD, UNIT K				2.3 STREET ADDRESS 719 PINELLAS BAYWAY, UNIT 301			
CITY-ST-ZIP CLEARWATER FL				2.4 CITY-ST-ZIP TIERRA VERDE FL 33715			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME T BAER, DAVID				3.2 NAME T BAIR, DAVID			
STREET ADDRESS 235 WINDARD PASSAGE				3.3 STREET ADDRESS 235 WINDWARD PASSAGE			
CITY-ST-ZIP CLEARWATER FL				3.4 CITY-ST-ZIP CLEARWATER FL 34610			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME S WENDT, SUSAN				4.2 NAME			
STREET ADDRESS 17908 SIMMS RD				4.3 STREET ADDRESS			
CITY-ST-ZIP ODESSA FL				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D WOLF, IVAN				5.2 NAME D WOLF, IVAN			
STREET ADDRESS 19321 US 19 NORTH				5.3 STREET ADDRESS 300 S DUNCAN AVE #122			
CITY-ST-ZIP CLEARWATER FL				5.4 CITY-ST-ZIP CLEARWATER, FL 33755			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Kirn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRN 1-19-1999 (727) 442-8892
Date Daytime Phone #

CR2E037 (11/98)