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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90068 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766848					
1. Corporation Name CHRIS CRAFT ANTIQUE BOAT CLUB, INC.					
Principal Place of Business % WILSON W. WRIGHT 217 SOUTH ADAMS ST TALLAHASSEE FL 32301			Mailing Address % WILSON W. WRIGHT 217 SOUTH ADAMS ST TALLAHASSEE FL 32301		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2553808	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WRIGHT, WILSON W. 217 SOUTH ADAMS ST TALLAHASSEE FL 32301				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 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, JIM	1.2 NAME	Deceased
STREET ADDRESS	IRWIN MARINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEPORT NH	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, JEAN (CHRMAN)	2.2 NAME	
STREET ADDRESS	FIVE FAIRVIEW POINTE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILSON W	3.2 NAME	
STREET ADDRESS	217 SOUTH ADAMS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia D. Wright	4.2 NAME	
STREET ADDRESS	217 South Adams Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301 <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 850)224 BOAT

Date

Delegating Phone #

CR2E037 (1/1/98)