


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

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90122 040 \*\*\*150.00



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                             | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                        |  |
| <b>DOCUMENT # F31178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                             |                                                                                                                                                 |  |
| 1. Corporation Name<br><b>OCEANSIDE YACHT &amp; MARINE SALES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   |                                                                             |                                                                                                                                                 |  |
| Principal Place of Business<br><b>2398 N.E. 28TH STREET<br/>LIGHTHOUSE POINT FL 33064</b>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | Mailing Address<br><b>1201 U S HWY ONE<br/>N PALM BEACH FL 33408<br/>US</b> |                                                                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                                               |                                                                             | 3. Date Incorporated or Qualified                                                                                                               |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 26                                                                                |                                                                             | 04/17/1981                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Suite, Apt. #, etc.                                                               |                                                                             | 4. FEI Number                                                                                                                                   |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 27                                                                                |                                                                             | 59-2087453                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State                                                                      |                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                        |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 28                                                                                |                                                                             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Zip                                                                               |                                                                             | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 29                                                                                |                                                                             | 30                                                                                                                                              |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 10. Name and Address of New Registered Agent                                |                                                                                                                                                 |  |
| <b>NEROS, GEORGE<br/>2821 BANYAN BLVD. CIRCLE NW<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   | 81 Name                                                                     |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 82 Street Address (P.O. Box Number is Not Acceptable)                       |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 83                                                                          |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 84 City <b>FL</b> 85 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                               |  |                                                                                   |                                                                             |                                                                                                                                                 |  |
| 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 <b>PD<br/>NEROS, GEORGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   | 1.2 NAME                                                                    |                                                                                                                                                 |  |
| STREET ADDRESS <b>2398 NE 28TH STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | 1.3 STREET ADDRESS                                                          |                                                                                                                                                 |  |
| CITY-ST-ZIP <b>LIGHTHOUSE PT, FL 00000</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   | 1.4 CITY-ST-ZIP                                                             |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                 |  |
| NAME <b>SDT<br/>NEROS, LINDA J</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   | 2.2 NAME                                                                    |                                                                                                                                                 |  |
| STREET ADDRESS <b>2398 NE 28TH STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   | 2.3 STREET ADDRESS                                                          |                                                                                                                                                 |  |
| CITY-ST-ZIP <b>LIGHTHOUSE PT, FL 00000</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   | 2.4 CITY-ST-ZIP                                                             |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   | 3.2 NAME                                                                    |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   | 3.3 STREET ADDRESS                                                          |                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   | 3.4 CITY-ST-ZIP                                                             |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   | 4.2 NAME                                                                    |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   | 4.3 STREET ADDRESS                                                          |                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   | 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 607, 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:  **RESERVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99

0326398

CR2E034 (1/98)