

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H18281 (6)
1. Corporation Name
OFFSHORE YACHTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % JERRY SIDOCK 847 OAK ST SAN CARLOS ISL FL 33931 US		Mailing Address % JERRY SIDOCK P O BOX 2700 FT MYERS FL 33932 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
3. Date Incorporated or Qualified 08/27/1984			
4. FEI Number 59-2437141		Applied For Not Applicable	
5. Certificate of Status Desired <input 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			
9. Name and Address of Current Registered Agent SIDOCK, JERRY 847 OAK ST SAN CARLOS ISL FL 33931		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		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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE		NAME		DELETE <input type="checkbox"/>	
STREET ADDRESS		CITY - ST - ZIP			
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	
3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	
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: [Signature] 1070-91 941-413-3393

CP2E034 (10/97)