


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

FILED  
Jan 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H27822 (6)</b> 1. Corporation Name <b>JACK'S MARINE SOUTH, INC.</b>					
Principal Place of Business <b>2200 MARINA PK. DR. FT. MYERS FL 33905</b>			Mailing Address <b>2200 MARINA PK. DR. FT. MYERS FL 33905</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/30/1984</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2482423</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>LYONS, SUZANNE 2200 MARINA PARK DRIVE FORT MYERS FL 33905</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <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					



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

1/5/98 941 6942708

CR2E034 (10/97)