

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90188 006 ***150.00

DOCUMENT # K40792

1. Corporation Name

THE SHRIMPBOAT INC. OF ISLES OF CAPRI



DO NOT WRITE IN THIS SPACE

Principal Place of Business 203 CAPRI BLVD NAPLES FL 33962		Mailing Address 203 CAPRI BLVD NAPLES FL 33962	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	34113	29	34113
25		30	
3. Date Incorporated or Qualified 10/25/1988		4. FEI Number 65-0076880	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SEDLMEIR, ALEXANDER
203 CAPRI BLVD
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name
NITSCHÉ DANA
82 Street Address (P.O. Box Number is Not Acceptable)
70 DOLPHIN CIRCLE
83
84 City
NAPLES FL 85 Zip Code
34113

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

Diana Nitsche
Signature, typed or printed name of registered agent and title if applicable

Diana Nitsche
(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SEDLMEIR, ALEXANDER	
STREET ADDRESS	MOZART STR 4 8905 MERING	
CITY-ST-ZIP	W. GERMANY	
TITLE	STV	<input checked="" type="checkbox"/> DELETE
NAME	NITSCHÉ, BARBARA	
STREET ADDRESS	HANS-BOCKLER-STR 2 8903	
CITY-ST-ZIP	BOBINGEN GE	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	NITSCHÉ, BARBARA	
STREET ADDRESS	160 PRICE STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NITSCHÉ DANA	
1.3 STREET ADDRESS	70 DOLPHIN CIRCLE	
1.4 CITY-ST-ZIP	NAPLES FL 34113	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NITSCHÉ DANA	
2.3 STREET ADDRESS	70 DOLPHIN CIRCLE	
2.4 CITY-ST-ZIP	NAPLES FL 34113	
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		

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:

Diana Nitsche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

(941) 394-0252
Daytime Phone #

CR2E034 (11/98)