

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L06722** (7)
1. Corporation Name
PIRATE'S COVE RESORT, INC.

Principal Place of Business
4307 S.E. BAYVIEW ST
~~PORT SALEM FL 34982~~
US

Mailing Address
~~PO BOX 1087~~
~~PORT SALERNO FL 34482-1087~~

3. Date Incorporated or Qualified 08/03/1989	3a. Date of Last Report 05/01/1996
---	---------------------------------------

2. Principal Place of Business		2a. Mailing Address	
21	Same	26	4307 SE Bayview Street
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	
	City & State		City & State
23		28	Stuart, FL
	Zip		Zip
	Country		Country
24		29	34997
		30	U.S.

4. FEI Number	59-2966502	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 has liability for intangible tax under s. 199.032, Florida Statutes			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

KOPELOWITZ, HARVEY
750 SE THIRD AVE
SUITE 100
FT. LAUDERDALE FL 33316

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 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IUE, TOSHIKAE	
STREET ADDRESS	18 KEIHAN HONDOH	
CITY, ST, ZIP	MORINOUDI, OSAKA, JAP	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SUNAMURA, YASUhide	
STREET ADDRESS	SANPHO TRADING 189-1	
CITY, ST, ZIP	YOKOHAMA, JAPAN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CONNOLLY, MICHAEL J.	
STREET ADDRESS	C/O ISC MARINE GROUP, RT 139, P.O. BOX 338	
CITY, ST, ZIP	GREEN HARBOR MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YAMAGATA, HIDEKI	
STREET ADDRESS	608 FIFTH AVE 85TH FLOOR	
CITY, ST, ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GUERTIN, GARY W.	
STREET ADDRESS	1166 S.E. SAINT LUCIE BLVD	
CITY, ST, ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<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			

14. I do 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, as signed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Day: me five #

0475283

CR2E034 (9/96)