

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L17858**

1. Corporation Name
ATLANTIC BOATLIFTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1111 OLD GRIFFIN RD. DANIA FL 33004	Mailing Address P.O. BOX 126 DANIA FL 33004-0126
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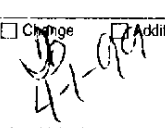
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3601 W Commercial Blvd. Suite, Apt. #, etc. 22 4 City & State 23 Ft. Lauderdale Fl. Zip 24 33309 Country 25 Broward		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/21/1989	
				4. FEI Number 65-0149518 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 the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

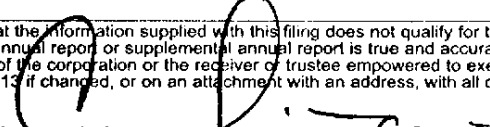
9. Name and Address of Current Registered Agent DIROCCO, RAYMOND . 3601 W. COMMERCIAL BLVD. STE. 22 FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name DAVID E GRAHAM 82 Street Address (P.O. Box Number is Not Acceptable) 3601 W Commercial Blvd. 83 Ft. Lauderdale 84 City FL 85 Zip Code 33309	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  **DAVID E. GRAHAM** DATE **3-25-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, VIELKA 20191 EAST COUNTRY CLUB DR. #1804 AVENTURA FL 33180 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director - President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Stewart 3601 W. Commercial Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director U. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cesar Jimenez 3601 W Commercial Blvd. Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Dir. - U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID E Graham 3601 W. Commercial Blvd Ft. Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002830299--1 -04/06/99--01030--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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:  **Cesar Jimenez** DATE **3-25-99** (954) 777-0252

CR2E034 (11/98)