

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M13342 (4)**  
 1. Corporation Name  
**J.H. STEIB YACHTS, INC.**



Principal Place of Business <b>2757 WE 34 ST. FT. LAUDERDALE FL 33006 US</b>	Mailing Address <b>2757 NE 34 ST. FT. LAUDERDALE FL 33066 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>2000 ATLANTIC SHOPS BVD</b> Suite, Apt. #, etc. 22 <b># 117</b> City & State 23 <b>HALLANDALE, FLA</b> Zip 24 <b>33009</b> Country 25 <b>BROWARD</b>		<b>2a. Mailing Address</b> 26 <b>2000 ATLANTIC SHOPS BVD</b> Suite, Apt. #, etc. 27 <b># 117</b> City & State 28 <b>HALLANDALE, FLA</b> Zip 29 <b>33009</b> Country 30 <b>BROWARD</b>		<b>3. Date Incorporated or Qualified</b> <b>03/29/1985</b>	<b>4. FEI Number</b> <b>59-2524669</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>STIB, JOE</b> <b>2757 NE 34TH ST</b> <b>FT. LAUDERDALE FL 33006</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>STEIB, JOE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2000 ATLANTIC SHOPS BVD</b> 83 <b># 117</b> 84 City <b>HALLANDALE</b> <b>FL</b> 85 Zip Code <b>33009</b>			
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I, 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	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIB, JOSEPH A.	1.2 NAME	Steib Joseph A
STREET ADDRESS	2757 WE 36TH ST.	1.3 STREET ADDRESS	2000 ATLANTIC SHOPS BVD #117
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ TOP Steib 4-1-98 954-458-0186

CR2E034 (10/97)