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Feb 16, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-16-1999 90041 027 ****150.00

DOCUMENT # M33627

1. Corporation Name
BILLFISH MARINA ONE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O GEORGE M. IRVINE JR, 2955 W STATE ROAD #84, FT LAUDERDALE FL 33312-7701
Mailing Address: C/O GEORGE M. IRVINE JR, 2955 W STATE ROAD #84, FT LAUDERDALE FL 33312-7701

3. Date Incorporated or Qualified: 06/13/1986
4. FEI Number: 59-2682934
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
IRVINE, GEORGE M. JR
2965 W. SR 84
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DC DELETED
NAME IRVINE, GEORGE M. JR
STREET ADDRESS 2955 W STATE RD 84
CITY-ST-ZIP FT LAUDERDALE FL
TITLE S DELETED
NAME IRVINE, JOAN M.
STREET ADDRESS 2965 W STATE RD 84
CITY-ST-ZIP FT LAUDERDALE FL
TITLE V DELETED
NAME COLLIER, SCOT M
STREET ADDRESS 2965 W STATE RD 84
CITY-ST-ZIP FT LAUDERDALE FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
4.1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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: _____ DATE: 1-21-99 DAYTIME PHONE #: 754-587-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)