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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # M64164 **(0)**

1. Corporation Name
SHELL POINT MARINE CORPORATION

Principal Place of Business	Mailing Address
17 SPOON WAY NORTH READING MA 01864	17 SPOON WAY NORTH READING MA 01864-3444

3. Date Incorporated or Qualified: **01/08/1988**
3a. Date of Last Report: **06/04/1996**
4. FEI Number: **59-2872114** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] 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
PARIS, DEBORAH M.
100 S. ASHLEY DR.
TAMPA FL 33602

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
Signature, typed or printed name of registered agent and title if applicable (REQUIRED if changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	GEORGE, ALAN	
STREET ADDRESS	5 SOUTH KILBY STREET	
CITY-ST-ZIP	GLOUCESTER MA	
TITLE	TD	[ ] DELETE
NAME	TOUT, BILL	
STREET ADDRESS	17 SPOON WAY	
CITY-ST-ZIP	N READING MA	
TITLE	VD	[ ] DELETE
NAME	TOUT, GALE	
STREET ADDRESS	17 SPOON WAY	
CITY-ST-ZIP	N READING MA	
TITLE	SD	[ ] DELETE
NAME	MACKILLOP, MARY	
STREET ADDRESS	5 S. KILBY STREET	
CITY-ST-ZIP	GLOUCESTER MA	
TITLE	VD	[ ] DELETE
NAME	HEDBERG, JEFFREY	
STREET ADDRESS	8101 5TH AVE SO	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 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 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 if changed, or on an attachment with an address.

SIGNATURE: William A. Tout 3-11-97 (508) 664-0023

CR2E034 (9/96)