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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M89467

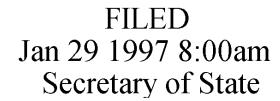
(8)

ESTERO BAY BOAT TOURS, INC.

Principal Place of Business Mailing Address

5231 MAMIE STREET S.W.

5231 MAMIE STREET S.W.





BONITA SPRINGS FL 33923				BONITA SPRINGS FL 34134-7228													
									}	3. Date Incorporated or Qualified \$ 07/06/1988				3a. Date of Last Report 04/12/1996			
2. Principal Place of Business				2a. Mailing Address						4. FEI Number						Αp	plied For
21				26						65-0133615						Not Applicable	
Suite Apt. #, etc. 22				Suite, Apt. #, etc. 27						5. Certificate of Status Desired						\$8.75 Additional Fee Required	
City & State				City & State							ion Campa Fund Cor	-	-	\$5.00 May Be Added to Fees			
Zφ		Country		Zip		Cou	ntry	-		6. This	corporatio	n has lial					199.032,
24	2			29		30		_ 			la Statutes			Yes			
h a ndre for			of Current He	egistered Agent	[81	Name		10. Nam	e and Add	iress of	New H	egistered	Agen		
	KS, CHARLE						٠''	Name									
5231 MAMIE STREET, S.W. BONITA SPRINGS FL 33923							82	Street /	Address	(P.O. B	ox Numbe	r is Not A	ccepta	ible)			711112
BON	IIIA SPHING	S FL 33923				l	83	····									
							-										
							84	City						FI	85	Zip	Code
11. Pursuant	to the provisio	ons of Section	s 607.0502 ar	nd 607.1508. Flo	rida Statu	ites, the at	OOVE	a-named	corpora	ation sub	mits this s	atement	for the			l naina it	s registered
office or r agent I a	registored age am familiar with	nt, or both, in and accept	the State of F the obligation	nd 607.1508, Flo Torida. Such chans of, Section 60	ange was 17.0505, F	authorized Iorida Stat	d by utes	the corp 3.	poration	's board	of director	s. I here	by acc	ept the ap	pointm	ent as	registered
SIGNATURE	Character and the second			of alle if applicable.		TE Registere					Can\			DATE			
12,	adharan Medici		CERS AND D		(NO	13.	3 Age	nt s prature	required v		TIONS/CH	ANGES 1	O OFF		JD DIR	FCTOR	RS IN 12
TITLE	D				DELETE	1,1 Tr	TLE				1,0.10,0.1	110-0	-			hange	Addition
NAM!	WEEKS, CI	HARLES				1.2 N/	ME										
STREET ADDRESS		IE ST. S.W.				1.3 \$1	REET	ADDRESS									
CITY - ST - ZIP	BONITA SE	PRG. FL				1.4 CI	TY-S	T-ZIP									
TILE	D				DELETE	2 1 71	TLE									hange	Addition
NAME	WEEKS, C					2.2 N	ME										
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NAME						32 N	AME										
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NAME						4. 2 N											
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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 changed, or on an attachment with an address

SIGNATURE: