

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18311

(1)

1. Corporation Name

SHANNON LONGBOAT, INC.

Principal Place of Business

442 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

442 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228-4024



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1988		3a. Date of Last Report 02/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1217527		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EAGAN, W. SHANE 3420 BAYOU SOUND LONGBOAT KEY FL 34228				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

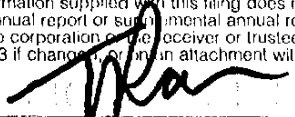
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	SMITH, LAURENCE R.	1.2 NAME	
STREET ADDRESS	22 SPENCER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAUGATUCK CT	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	EAGAN, W. SHANE	2.2 NAME	
STREET ADDRESS	3420 BAYOU SOUND	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	HOLMES, THOMAS R.	3.2 NAME	
STREET ADDRESS	22 SPENCER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAUGATUCK CT	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	RASMUSSEN, THOMAS	4.2 NAME	
STREET ADDRESS	444 GULF OF MEXICO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:



4-7-97 941-383-8800

CR2E034 (9/96)