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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 FEB -8 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010685

1. Corporation Name
O'SHEAS POWER BOAT RENTALS, INC.
D.B.A. PIER 81 BOAT RENTALS

Principal Place of Business
1081 BALD EAGLE DRIVE
MARCO ISLAND, FLA. 34145

Mailing Address
P.O. BOX 2166
MARCO IS., FLA.
34146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/92
4. FEI Number: 65-0376563 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired X [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $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
MICHAEL GONZALEZ
1805 N. BAHAMA
MARCO ISLAND, FLA. 34145

10. Name and Address of New Registered Agent
81 Name: ALLEN R. DUQUET
82 Street Address (P.O. Box Number is Not Acceptable): 207 NORTH COLLIER BLVD.
83
84 City: MARCO ISLAND, FLA. 34145
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] Allen R. DuQuet 1-25-99
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	[ ] DELETE
NAME	ALLEN R. DUQUET	
STREET ADDRESS	207 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
TITLE	PRESIDENT	[ ] DELETE
NAME	MICHAEL GONZALEZ	
STREET ADDRESS	1805 N. BAHAMA	
CITY-ST-ZIP	MARCO ISLAND, FLA. 34145	
TITLE	V.P. / SEC. TREASURE	[ ] DELETE
NAME	MARICELA C. LOPEZ	
STREET ADDRESS	9750 S.W. 4 TH STREET	
CITY-ST-ZIP	MIAMI, FLA. 33174	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		

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****323.75 ****323.75

MBC
2-8-99

CR2E034 (11/98)

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: [signature] (DIRECTOR) 1-25-99 941-642-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR