

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000005624 (0)

1. Corporation Name
MULTIHULL WORLD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4038 SE BARCELONA
STUART FL 34997
US

Mailing Address
4038 SE BARCELONA ST
STUART FL 34997
US

| | | | | | |
|--|--------------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/19/1993 | |
| 21 4048 SE Barcelona St. | 26 4048 SE Barcelona St. | 4. FEI Number 65-0383714 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Stuart FL | 28 Stuart, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 34997 | 25 USA | 29 34997 | | 30 USA | |
| 9. Name and Address of Current Registered Agent COCQUYT, LYDIA 4038 SE BARCELONA ST STUART FL 34997 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name COCQUYT, LYDIA | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4048 SE Barcelona St. | | | | | |
| 83 | | | | | |
| 84 City Stuart | | | | 85 Zip Code FL 34997 | |

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 *Lydia Cocquyt* LYDIA COCQUYT, President 4-23-98
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 D | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME COCQUYT, LYDIA L R | | 1.2 NAME COCQUYT, LYDIA L R | |
| STREET ADDRESS 4038 SE BARCELONA ST | | 1.3 STREET ADDRESS 4048 SE Barcelona St | |
| CITY-ST-ZIP STUART FL | | 1.4 CITY-ST-ZIP Stuart, FL 34997 | |
| TITLE NAME | <input type="checkbox"/> DELETE | 2.1 TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> DELETE | 3.1 TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> DELETE | 4.1 TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> DELETE | 5.1 TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> DELETE | 6.1 TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | 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.

SIGNATURE *Lydia Cocquyt* LYDIA COCQUYT 4-23-98 361 286 6125

CR2E034 (10/97)