


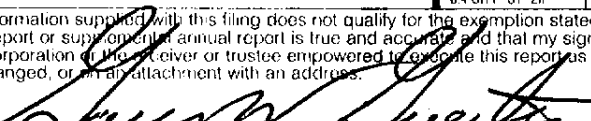
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 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 # P93000029792 (7) 1. Corporation Name PIRATES COVE YACHT BASIN, INC.					
Principal Place of Business 4307 S.E. BAYVIEW ST. STUART FL 34997 US			Mailing Address 4307 SE BAYVIEW STREET STUART FL 34997 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0410856	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent KOPELOWITZ, HARVEY 750 S.E. 3RD AVE. SUITE 100 FT. LAUDERDALE FL 33316			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
			FL		
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					
TITLE	TD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	CONNOLLY, MICHAEL J	1.1 TITLE	D		
STREET ADDRESS	C/O ISC MARINE GROUP, RT 139, P.O. BOX 338	1.2 NAME	CONNOLLY, MICHAEL J		
CITY-ST-ZIP	GREEN HARBOR MA	1.3 STREET ADDRESS	C/O ISC MARINE GROUP RT 139, P.O. BOX 338		
		1.4 CITY-ST-ZIP	GREEN HARBOR, MA 02041		
TITLE	DP	2.1 TITLE	T		
NAME	SUNAMURA, YASUhide	2.2 NAME	SUNAMURA, SHARON		
STREET ADDRESS	SANPHO TRADING 169-1	2.3 STREET ADDRESS	C/O CLARIDGE HOTEL 1344 N. DEARBORN PARKWAY		
CITY-ST-ZIP	YOKOHAMA JA	2.4 CITY-ST-ZIP	CHICAGO, IL 60610		
TITLE	VS	3.1 TITLE	DV		
NAME	GUERTIN, GARY W	3.2 NAME	SOBATA, KATSUHIRO		
STREET ADDRESS	1166 S E ST LUCIE BLVD	3.3 STREET ADDRESS	11A-1 KARIBA-CHO HODOGAYA-KU		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	YOKOHAMA, JAPAN		
TITLE	D	4.1 TITLE	D		
NAME	SHOICHI, UETSUJI	4.2 NAME	IIJIMA, HIDETAKA		
STREET ADDRESS	666 FIFTH AVE - 35TH FLOOR	4.3 STREET ADDRESS	900 N. ARLINGTON HEIGHTS RD SUITE 300		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	ITASCA, IL 60143-2844		
TITLE	D	5.1 TITLE			
NAME	AKIRA, YAMAMOTO	5.2 NAME			
STREET ADDRESS	666 FIFTH AVE - 35TH FLOOR	5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY	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 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 of this 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 in an attachment with an address.

SIGNATURE:

 4/21/98

CR2E034 (10/97)