

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

046977

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90136 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	---

DOCUMENT # P94000016826

1. Corporation Name
THE LONGBOAT CONNECTION, INC.

Principal Place of Business 3720 GULF OF MEXICO DR LONGBOAT KEY FL 34228	Mailing Address 3720 GULF OF MEXICO DR LONGBOAT KEY FL 34228
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1994	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 65-0470030	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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANNETTE C. TIDEWELL 4554 PARNELL DR. SARASOTA FL 34232				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KNUESE, MICHELE			12 NAME			
STREET ADDRESS	380 BUNKER HILL			13 STREET ADDRESS			
CITY-ST-ZIP	OSPREY FL 34229			14 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JORDAN, JAN			22 NAME			
STREET ADDRESS	5512 83RD TERRACE E			23 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			24 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		31 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANNETTE C. TIDEWELL			32 NAME			
STREET ADDRESS	4554 PARNELL DR			33 STREET ADDRESS	5810 Whistewood Circle		
CITY-ST-ZIP	SARASOTA FL			34 CITY-ST-ZIP	Sarasota, FL 34232		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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, with all other like empowered.

SIGNATURE: *Annette C Tidewell* ANNETTE C TIDEWELL 3/15/99 941-387-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)