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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P94000018306 (8) ATLANTIS BOAT SERVICE, INC. Principal Place of Business Mailing Address 7301 BELL MEADE ISLAND DR 7800 W. OAKLAND PARK MIAMI FL 33138 BLDG "G" SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 03/04/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0479049 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MULLEN, JOSEPH P 2419 E COMMERCIAL BLVD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 FT LAUDERDALE FL 33308 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition 1.1 TITLE TITLE **CRUCHET, THIERRY** 12 NAME NAME CAPITAINERIE, MACCH ONE ONE PORT ST TROPEZ STREET ADDRESS 1.3 STREET ADDRESS ST. TROPEZ, FRANCE CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TiTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby certify that the information supplied with this bling does not additify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report or 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 tracely or the exemption of the corporation of the receiver or tracely or the receiver of the corporation of the receiver or tracely or the receiver of the corporation of the receiver or tracely or the receiver of the corporation of the receiver or tracely or the receiver of the corporation of the receiver or tracely or tracely or the receiver or tracely or tracely

SIGNATURE:

THICKY CRUCHET 3/13/98

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Feb 17 1998 8:00am