
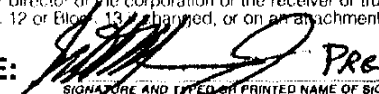


FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000055067 (0)		
1. Corporation Name THE BOAT OUTLET CO.		
Principal Place of Business 353 MIRACLE STRIP PKWY FT WALTON BEACH FL 32548 US	Mailing Address 353 MIRACLE STRIP PKWY FT WALTON BEACH FL 32548-5210 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent		
MASON, WILLIAM W JR 7805 GULF BLVD. NAVARRE FL 32566		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
12.1 TITLE: D NAME: MASON, WILLIAM W JR STREET ADDRESS: 7805 GULF BLVD. CITY-ST-ZIP: NAVARRE FL 32566	<input type="checkbox"/> DELETE	
12.2 TITLE: D NAME: MASON, BARBARA G JR STREET ADDRESS: 7805 GULF BLVD. CITY-ST-ZIP: NAVARRE FL 32566	<input type="checkbox"/> DELETE	
12.3 TITLE: D NAME: POUND, HENRIETTA M JR STREET ADDRESS: 7975 LANIER DR. CITY-ST-ZIP: CUMMINE GA 30130	<input type="checkbox"/> DELETE	
12.4 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> DELETE	
12.5 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> DELETE	
12.6 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> DELETE	
13.		
13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, as changed, or on an attachment with an address.		
SIGNATURE:  Pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



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