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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90044 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070024

1. Corporation Name

FAMILY BOATING OF CAPE CORAL, INC.



Principal Place of Business

16115 SAN CARLOS BLVD  
FT MYERS FL 33908  
US

Mailing Address

16115 SAN CARLOS BLVD  
FT MYERS FL 33908  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 1037 PINE ISLAND RD S.W.	26 1037 PINE ISLAND RD S.W.	09/20/1994	65-0516576	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 CAPE CORAL, FL	28 CAPE CORAL, FL	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33991	29 33991			
Country	Country			
25 U.S.A.	30 U.S.A.			

9. Name and Address of Current Registered Agent

MURPHY, GARY  
4535 SE 15TH AVE  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	JAMES E CULLEN
82 Street Address (P.O. Box Number is Not Acceptable)	1037 PINE ISLAND RD S.W.
83	
84 City	CAPE CORAL
85 Zip Code	33991

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

*James E Cullen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SEC. TREAS
NAME	MURPHY, GARY	1.2 NAME	JOANNE C CULLEN
STREET ADDRESS	4885 TARPON AVE	1.3 STREET ADDRESS	4203 S.W. 6TH PL.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914
TITLE	D	2.1 TITLE	P
NAME	CULLEN, JAMES E	2.2 NAME	JAMES E CULLEN
STREET ADDRESS	4203 SW 6TH PL	2.3 STREET ADDRESS	4203 S.W. 6TH PL.
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914
TITLE	D	3.1 TITLE	
NAME	MURPHY, MICHAEL	3.2 NAME	
STREET ADDRESS	21 FIRST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 941-574-7797