

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

FILED

Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077811 (5)

1. Corporation Name

ADVENTURE MARINE SOUTH, INC.

Principal Place of Business

MILE MARKER 104
KEY LARGO FL 33037

Mailing Address

1201-B MIRACLE STRIP PKWY
FT. WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	5000 Plaza on the Lake	10/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	250	57-3277694	
City & State		City & State		Applied For	
23		28	Austin, Tx	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24		29	78746	30	
			USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALLACE, JEANIE M 108 BEAL PARKWAY SOUTH FT. WALTON BEACH FL 32548				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

Signature type for printed name of registered agent and title of applicable

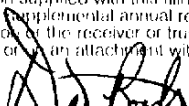
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President
NAME	REINHOLD, JOHN W	12 NAME	mark T. walton
STREET ADDRESS	530 DOLPHIN AVE	13 STREET ADDRESS	5000 Plaza on the Lake, Ste 250
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	14 CITY-ST-ZIP	Austin, Tx 78746
TITLE	VP	21 TITLE	Treasurer
NAME	ROBERTS, PAUL J	22 NAME	michael B. Perrine
STREET ADDRESS	14 CINCO TERRACE LANE	23 STREET ADDRESS	5000 Plaza on the Lake, Ste 250
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	24 CITY-ST-ZIP	Austin, Tx 78746
TITLE	S	31 TITLE	Controller
NAME	PACE, FREDERIC D	32 NAME	David A. Ryalski
STREET ADDRESS	8 MORENO POINT	33 STREET ADDRESS	5000 Plaza on the Lake - Ste. 250
CITY-ST-ZIP	DESTIN FL 32541	34 CITY-ST-ZIP	Austin, TX 78746
TITLE	T	41 TITLE	
NAME	ROBERTS, BONNIE H	42 NAME	
STREET ADDRESS	14 CINCO TERRACE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
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 as an attachment with an address.

SIGNATURE:



6/1/98 (512) 347-8787

CR2E034 (10/97)