

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-0

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 24 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085127 (6)

1. Corporation Name

TRIPLE TAIL MARINE, INC.



Principal Place of Business

6025 49TH ST N
ST PETERSBURG FL 33709

Mailing Address

P.O. BOX 40577
ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report 06/27/1996
4. FEI Number 59-3282482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CONKLIN, LESLIE M
1465 S FT HARRISON AVE
SUITE 202
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKE, DAVID P	1.2 NAME	
STREET ADDRESS	6025 49TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKE, JAMES D	2.2 NAME	
STREET ADDRESS	6025 49TH ST. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKE, DIANE	3.2 NAME	
STREET ADDRESS	6025 49TH ST. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Vice President
STREET ADDRESS		4.3 STREET ADDRESS	Michael P. Steinke
CITY-ST-ZIP		4.4 CITY-ST-ZIP	6025 49 St. N. St Pete 7133709
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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. 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.

SIGNATURE _____

CP2E034 (4/97)

2-2



Division of Corporations
Annual Reports
P. O. Box 6327
Tallahassee, Fl. 32314

07-21-97

To Whom It May Concern,

We did not receive the original report in January. I spoke with Carol Anderson from your office when I received this second notice. She advised me to send it in to this address with this explanation.

Thank you for your help.

Sincerely,

Diane Steinke

Diane Steinke, Secretary

SILVER KING BOAT CORP.

P.O. Box 40577 St. Petersburg, Florida 33743-0577