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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014408 (5)

1. Corporation Name

THE LONGBOAT OBSERVER INC.



Principal Place of Business

Mailing Address

505-14 AVE NE
ST PETERSBURG FL 33701

505-14 AVE NE
ST PETERSBURG FL 33701

5570 Gulf of Mexico Drive → Same
Longboat Key, Fla. 34228

2. Principal Place of Business

2a. Mailing Address

21 5570 GULF OF MEXICO DRIVE ← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LONGBOAT KEY

28

Zip

Country

Zip

Country

24 34228

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, MATTHEW G

505-14 AVE NE

ST PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5570 Gulf of Mexico Drive

83

84

Longboat Key

FL

85 Zip Code

34228

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

Matthew S. Walsh, President

3/31/96

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P
WALSH, MATTHEW G
505-14 AVE NE
ST PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, C.
David BELILES
5570 GULF OF MEXICO DRIVE
LONGBOAT KEY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
[] DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: Matthew S. Walsh, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

941
383-5509

Daytime Phone #

CR2E034 (12/95)