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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014408 (5)

THE LONGBOAT OBSERVER INC.

1116 60														
Principal Place of Business				Mailing Address]	1 1901/984 ILU (8101 014)1 63111 EDIAL 80	192 MAINT 200	filt Ordan And us	BRIBI H	11 1981
5570 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			5570 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228							DO NOT WOLLE	IN TUIO	COACE		
US			U	\$						DO NOT WRITE Date Incorporated or Qualified	IN IMIS	SPAUE		
1									3.					
2. Principal P	lace of Busi	noss	2a.	Mailing Address			_		4	02/21/1995 FEI Number			Applie	nd For
21				26					-	59-3303072				pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.7		
22				27					6.	Certificate of Status Desired			Requi	
City & State				City & State					6.	Election Campaign Financing		\$5.0	10 Ma	v Be
23			28					L_	Trust Fund Contribution			d to F		
Zip	Zip Country						Country		8.	This corporation owes or has pa			_ ~	
24		25	29		30				Ļ	Personal Property Tax due June		X Yes	ШИ	lo
		and Address of Current	Regist	lered Agent		81	1.	la	10.	Name and Address of New Re	gistered	Agent		
	LSH, MAT					61	ľ	lame						
5570 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228							Street Address (F			O. Box Number is Not Acceptab	ole)			
[0	NODUALI	ET FL 34228				83	╁╾							
						84	-	Sity				85 Z	p Cod	lo.
	·										FL	- L		
11. Pursuant office or r	to the provis	sions of Sections 607.0502 a gent, or both, in the State of	and 60 LEtone	07.1508, Florida Statu Bal Such change was	utes, th author	ie a bove rized by	e-n. y th	amed corpoi e corporatio	ratio n's h	n submits this statement for the p poard of directors. I hereby accep	ourpose o	of changing pointment	j its re as reg	gistered istered
1	ım familiar w	ith, and accept the obligation	ons of	. Section 607.0505, F	lorida	Statutes	S.						-	
SIGNATURE	Signature, type	for printed name of tegerined agent :	and tille	il applicable (NO	IF Regis	stered Age	ent s	ignature required	when	reinstating)	DATE			
12.		OFFICERS AND	DIREC	TORS	1	13.				ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT	ORS II	V 12
TITLE	DP			DELETE	1	1.1 TITLE						Chang	e [Addition
NAME		, matthew g			1	1.2 NAME								
STREET ADDRESS	5570 G	ulf of Mexico Drive			١	1.3 STREET	ADI	DRESS						
CITY-ST-2IP	_	OAT KEY FL			1	14 CITY - S	ST - Z	IP.						
TITLE	DC			L. DELETE	2	2 1 TITLE						Chang	e L	Addition
NAME		S, DAVID			2	2.2 NAME								
STREET ADDRESS		ULF OF MEXICO DRIVE			2	2.3 STREET	ADU	DAESS						
CITY-ST-ZIP	LONGB	OAT KEY FL				2. 4 CITY-5	ST-7	2IP				17.2		1
TITLE				☐ DELETE	- 6	3.1 TITLE		1				Chang	e L	Addition
NAME						3.2 NAME								
STREET ADDRESS					- 1	3.3 STREET								
CITY-ST-ZIP TITLE				☐ DELETE		3.4. CITY - S 4.1 TITLE	ST-Z	(IP	•			Chang	<u>. </u>	Addition
NAME				L VELLIE	•	4. FILLE								_ Addition
1					- 1	4.3 STREET	a fa f	onree						
STREET ADDRESS CITY-ST-ZIP														
TITLE				DELETE		4.4 CITY - S 5.1 TITLE	11-2	<u>"</u>				Change	e	Addition
NAME						5.2 NAME						C		
STREET ADDRESS						5.3 STREET	10A	DRESS						
CITY-ST-ZIP						5.4 CITY - S								
TITLE				DELETE		51 TITLE	.1 - 41					Change	e [_	Addition
NAME						62 NAME						_ •		
STREET ADDRESS						6.3 STREET	[ADI	ORESS						
CITY+ST-ZIP						64 CITY-S		1						

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 supplienced 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 receive or fluster empowered to exempt 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 attact ment with all address.

SIGNATURE:

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941/383-5509

FILED

May 19 1998 8:00am

Secretary of State