

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000017688 (9)

1. Corporation Name
 MARITIME ARTIFACTS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O DONALD E. WHITE, 42 WINDSOR LANE, PALM BEACH GARDENS FL 33418
 Mailing Address: C/O DONALD E. WHITE, P.O. BOX 31163, PALM BEACH GARDENS FL 33420

3. Date Incorporated or Qualified: 03/03/1995

2. Principal Place of Business: C/O DAVID FOSTER
 2a. Mailing Address: C/O JIM DOHERTY

4. FEI Number: 65-0560665
 Applied For: Not Applicable

21. Principal Place of Business: 102 SUN FISH LN
 26. Mailing Address: 1695 LAKE COOK RD.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. Suite, Apt. #, etc.: # 328

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. City & State: JUPITER FL
 28. City & State: HIGHLAND PARK, IL

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

24. Zip: 33477
 25. Country: USA
 29. Zip: 60035
 30. Country: USA

9. Name and Address of Current Registered Agent: IGOE, JOHN G, C/O EDWARDS & ANGELL, 250 ROYAL PALM WAY, PALM BEACH FL 33480

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALKS, HOWARD D	1.2 NAME	
STREET ADDRESS	18 LITTLE POND RD. - C	1.3 STREET ADDRESS	249 TRADEWIND RD.
CITY-ST-ZIP	MANALAPAN FL 33462	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DOUGLAS P	2.2 NAME	
STREET ADDRESS	515 RED CYPRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	GARY IL 60013	2.4 CITY-ST-ZIP	GARY, IL 60013
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, JAMES	3.2 NAME	
STREET ADDRESS	1695 LAKE COOK RD. #328	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRUCE	4.2 NAME	
STREET ADDRESS	2200 N. POLASKI RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60639	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATIENCE, JOHN	5.2 NAME	
STREET ADDRESS	29 INDIAN HILL ROAD	5.3 STREET ADDRESS	29 INDIAN HILL RD.
CITY-ST-ZIP	WINNETKA IL 60093	5.4 CITY-ST-ZIP	
TITLE		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 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.

SIGNATURE: _____ 9/1/98 (847) 498-7786

CR2E034 (5/98)