

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

FILED
Apr 01 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 # P95000031707 (9)
 1. Corporation Name:
SEASCAPE BOATING COMPANY

Principal Place of Business: **SUITE 211 429 SEABREEZE BLVD FORT LAUDERDALE, FL 33316**
 Mailing Address: **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26	429 SEABREEZE BLVD	04/19/1995		65-0575538		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		24		25		29	
Zip		Country		Zip		Country		30	
33316		FL.		33316		FL.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUME, CHARLES L. 701 BRICKELL AVENUE 16TH FLOOR MIAMI, FL., 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: PS <input type="checkbox"/> DELETE NAME: WALL, FREDERICK L. III STREET ADDRESS: 3670 IDS CENTER, BLDG. EIGHTH ST. CITY-ST-ZIP: MINNEAPOLIS, MN				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			
				400002474504 -04/01/98--01022--003 ***150.00			

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 registered 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 of change of registered agent with an address.

SIGNATURE: *Fredrick L. Wall* Date: **Mar. 23 1998**

CR2E034 (10/97)