

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90025 023 \*\*\*150.00

DOCUMENT # P95000074980 (0)  
Corporation Name  
ISLAND DANCER MARINE, INC.



Principal Place of Business  
1600 N.E. 50TH COURT  
FT. LAUDERDALE FL 33334

Mailing Address  
1600 N.E. 50TH COURT  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                            |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 3. Date Incorporated or Qualified<br>09/28/1995                                                                                                                            |                                   |
| 4. FTT Number<br>65-0616920                                                                                                                                                | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |
| 10. Name and Address of New Registered Agent                                                                                                                               |                                   |

|                             |         |                     |         |
|-----------------------------|---------|---------------------|---------|
| Principal Place of Business |         | 2a. Mailing Address |         |
| 26                          |         | 26                  |         |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc. |         |
| 27                          |         | 27                  |         |
| City & State                |         | City & State        |         |
| 28                          |         | 28                  |         |
| Zip                         | Country | Zip                 | Country |
| 25                          | 25      | 29                  | 30      |

9. Name and Address of Current Registered Agent

EADY, TERRY G/L  
1600 N.E. 50TH COURT  
FT. LAUDERDALE FL 33334

|    |                                                    |
|----|----------------------------------------------------|
| 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) (Typed name printed in block) (Typed name printed in block) (Typed name printed in block)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
|                            | <input type="checkbox"/> DELETE |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. TITLE                   | P                               | 1.1 TITLE                                             |                                                                   |
| 2. NAME                    | EADY, GIL                       | 1.2 NAME                                              |                                                                   |
| 3. STREET ADDRESS          | 1600 NE 50TH CT                 | 1.3 STREET ADDRESS                                    |                                                                   |
| 4. CITY - ST - ZIP         | FTT LAUDERDALE FL               | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE                   |                                 | 2.1 TITLE                                             |                                                                   |
| 6. NAME                    |                                 | 2.2 NAME                                              |                                                                   |
| 7. STREET ADDRESS          |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| 8. CITY - ST - ZIP         |                                 | 2.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE                   |                                 | 3.1 TITLE                                             |                                                                   |
| 10. NAME                   |                                 | 3.2 NAME                                              |                                                                   |
| 11. STREET ADDRESS         |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| 12. CITY - ST - ZIP        |                                 | 3.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE                  |                                 | 4.1 TITLE                                             |                                                                   |
| 14. NAME                   |                                 | 4.2 NAME                                              |                                                                   |
| 15. STREET ADDRESS         |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| 16. CITY - ST - ZIP        |                                 | 4.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE                  |                                 | 5.1 TITLE                                             |                                                                   |
| 18. NAME                   |                                 | 5.2 NAME                                              |                                                                   |
| 19. STREET ADDRESS         |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| 20. CITY - ST - ZIP        |                                 | 5.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE                  |                                 | 6.1 TITLE                                             |                                                                   |
| 22. NAME                   |                                 | 6.2 NAME                                              |                                                                   |
| 23. STREET ADDRESS         |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| 24. 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)(b), 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.

Lita Eady

Secretary

5-19-99

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