

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

FILED
May 27 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 # P96000019442
1. Corporation Name
CS BOAT CORP.

Principal Place of Business 2333 PONCE DE LEON BLVD PH 1100 CORAL GABLES FL 33134 US	Mailing Address 2333 PONCE DE LEON BLVD PH 1100 CORAL GABLES FL 33134 US
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified
3/1/96

4. FEI Number 65-0671004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

9. Name and Address of Current Registered Agent
ANDREW R. WESTON
2333 PONCE DE LEON, PH 1100
CORAL GABLES FL 33134

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	George Spillis	
STREET ADDRESS	2333 Ponce de Leon, PH1100	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Peter K. Spillis, Jr.	
STREET ADDRESS	2333 Ponce de Leon, PH1100	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	WESTON, ANDREW R	
STREET ADDRESS	2333 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Christian M. Cobb	
STREET ADDRESS	2333 Ponce de Leon, Ph1100	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Tobin T. Cobb	
STREET ADDRESS	2333 Ponce de Leon, Ph1100	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

700002538607
-05/28/98--01024--048
***150.00

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information located on the 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 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: _____ 4/29/98 205 441 1700