

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

FILED  
May 13 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 # P96000051009 (4)  
1. Corporation Name  
HARBOR TOWN BOAT YARD HOLDINGS, INC.

Principal Place of Business  
1990 HARBORTOWN DR.  
FT. PIERCE FL 34946

Mailing Address  
1990 HARBORTOWN DR.  
FT. PIERCE FL 34946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1996	
21 Suite, Apt. #, etc.		26 1936 Harbortown Drive		4. FEI Number 65-0744220	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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		10. Name and Address of New Registered Agent	
HEFFLEBOWER, DAVID L 1990 HARBORTOWN DR. FT. PIERCE FL 34946		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 1936 Harbortown Drive	
		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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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	HEFFLEBOWER, DAVID L	1.2 NAME	
STREET ADDRESS	1990 HARBORTOWN DR.	1.3 STREET ADDRESS	1936 Harbortown Drive
CITY-ST-ZIP	FT. PIERCE FL 34946	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFLEBOWER, BARBARA	2.2 NAME	
STREET ADDRESS	1990 HARBORTOWN DR.	2.3 STREET ADDRESS	1936 Harbortown Drive
CITY-ST-ZIP	FT. PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHNUA, JAN	3.2 NAME	
STREET ADDRESS	1990 HARBORTOWN DR.	3.3 STREET ADDRESS	1936 Harbortown Drive
CITY-ST-ZIP	FT. PIERCE FL 34946	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jan Chnuva 4/27/98

CR2E034 (10/97)