

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

FILED
Mar 11 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 # **P97000069175 (2)**

1. Corporation Name
BOSWORTH MARINE MANAGERS, INC.



Principal Place of Business 1 BEACH DRIVE SE SUITE 1006 ST PETERSBURG FL 33701	Mailing Address 1 BEACH DRIVE SE SUITE 1006 ST PETERSBURG FL 33701
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1997	Applied For <input type="checkbox"/>
4. FEI Number 59-3468835	Not Applicable <input type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

LAZZARA, BETTY B
→ **1 BEACH DRIVE SE**
→ **SUITE 1006**
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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: Betty B. Lazzara, Pres
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Betty B. Lazzara	
STREET ADDRESS	1 Beach Drive SE #1006	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Steven B. Lazzara	
STREET ADDRESS	8337 Tallahassee dr. SE	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Richard C. Lazzara	
STREET ADDRESS	1934 Brightwaters Blvd. NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Gina Lazzara Fontana	
STREET ADDRESS	5267 White Sands Circle NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Joan E. Lazzara	
STREET ADDRESS	825 NE 17th Terrace #A	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	

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	

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: Betty B. Lazzara **BETTY B. LAZZARA** 3/5/98 813-898-6060
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0388388

CR2E034 (10/97)