

3-23-98 B-3579 C

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000094257 (7)

1. Corporation Name

WATERCRAFT WORLD, INC.

Principal Place of Business

274 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

Mailing Address

274 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

21 321 N. CONGRESS AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 321 N. CONGRESS

Suite, Apt. #, etc.

22 SUITE 103

City & State

27 SUITE 103

City & State

23 DELRAY BCH, FL 33445

28 DELRAY BCH, FL.

Zip 33445

Zip 33445

Country

Country

9. Name and Address of Current Registered Agent

SANDRA LAMBERT, P.A.  
370 WEST CAMINO GARDENS BLVD.  
SUITE 117-  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

Daniel Derry

1/18/97

561-266-0076

954-234-0626

CR2E034 (10/97)