

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 # P97000103101 (6)

1. Corporation Name

NAUTICA FINANCIAL CORPORATION, INC.

Principal Place of Business

277 SUSSEX CIRCLE
JUPITER FL 33458

Mailing Address

277 SUSSEX CIRCLE
JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifid

12/05/1997

4. FEI Number	65-0798736	Applied For
		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 type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BEAUPRE, MICHAEL W
277 SUSSEX CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent

61 Name

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

63

64 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	
TITLE	DSTP	<input type="checkbox"/> DELETE	1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUPRE, MICHAEL W		1.2 NAME Michael W. Monroe, Jr.
STREET ADDRESS	277 SUSSEX CIRCLE		1.3 STREET ADDRESS 50 US Hwy #1 Suite 212
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME Terry Wilkinson
STREET ADDRESS			2.3 STREET ADDRESS 50 US Hwy #1 Suite 212
CITY-ST-ZIP			2.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME Michael Beaupre
STREET ADDRESS			3.3 STREET ADDRESS 50 US Hwy #1 Suite 212
CITY-ST-ZIP			3.4 CITY-ST-ZIP Jupiter, FL 33477
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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
<p>1. 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 its 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.</p> <p>1000002624811 -08/26/98--01004--001 ***550.00</p>			

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 its 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:

8/26/98 (561)744-5517

CR2E034 (10/97)