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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017842

1. Corporation Name CS WATERSPORTS, INC.

Principal Place of Business	Mailing Address
c/o Smugglers Cove Marina mm 85.5 Islamorada, FL 33036	c/o Smugglers Cove Marina mm 85.5 Islamorada, FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/98

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 111 Ojibway
Suite, Apt #, etc.
27
City & State
28 Tavernier, FL
Zip 29 33070 Country 30 US

4. FEI Number 5469 20766 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. **Name and Address of New Registered Agent**

81 Name Jeffrey Houpe
82 Street Address (P.O. Box Number is Not Acceptable) 111 Ojibway
83
84 City Tavernier **FL** 85 Zip Code 33070

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] 3/11/99
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	P	[X] DELETE	P/S/D	[ ] Change [X] Addition
NAME	Jack Houpe		Jeffrey Houpe	
STREET ADDRESS	236 Upper Matecumbe Road		111 Ojibway	
CITY-ST-ZIP	Key Largo, FL 33037		Tavernier, FL 33070	
TITLE	S/T	[X] DELETE		[ ] Change [ ] Addition
NAME	Simon Phillips			
STREET ADDRESS	236 Upper Matecumbe			
CITY-ST-ZIP	Key Largo, FL 33037			
TITLE		[ ] DELETE		[ ] Change [ ] Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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JB 3-17-99

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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, with all other like empowered.

SIGNATURE: [signature] 3/11/99 (305) 664-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR