


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90091 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000025760**

1. Corporation Name

**MULLER'S BOAT & YACHT SALES, INC.**

Principal Place of Business

1105 AVACADO ISLE  
FT. LAUDERDALE FL 33315

Mailing Address

1105 AVACADO ISLE  
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2091 GRIFFIN ROAD		26		03/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 FT. LAUD FL		27		65-0824710	
City & State		City & State		Applied For	
23 33312 USA		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
29		30		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
DICKERT, CHARLES G		81 Name		Trust Fund Contribution	
703 NW 177TH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		5.00 May Be Added to Fees	
PEMBROKE PINES FL 33029		83		8. This corporation owes the current year intangible	
		84 City		Personal Property Tax.	
		FL		Yes No	

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	PRESIDENT	1.1 TITLE	
NAME	WILLIAM E MULLER	1.2 NAME	
STREET ADDRESS	1105 AVACADO ISLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33315	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	
NAME	GLORIA J MULLER	2.2 NAME	
STREET ADDRESS	1105 AVACADO ISLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33315	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	
NAME	WILLIAM E MULLER	3.2 NAME	
STREET ADDRESS	1105 AVACADO ISLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33315	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	
NAME	GLORIA J MULLER	4.2 NAME	
STREET ADDRESS	1105 AVACADO ISLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL 33315	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

*William E. Muller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E MULLER

Date

1-16-99 954 962 7787

PRES.

Daytime Phone #

CR2E034 (1/98)