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 AM 11:52
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026852

1. Corporation Name
Cobra Marine Inc.

Principal Place of Business
85920 Overseas Hwy
Islamorada, Fl
33036

Mailing Address
P.O. Box 1677
Islamorada, Fl
33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3-10-98

4. FEI Number
91 1903009
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
X Yes [ ] No

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Raymond J. Rafool
1519 3rd Street, S.E.
Winter Haven, FL 33880

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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
3/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	President [ ] DELETE
NAME	Alan G. Garbrecht
STREET ADDRESS	P.O. Box 1677
CITY-ST-ZIP	Islamorada, Fl 33036
TITLE	Sec./Treas. [ ] DELETE
NAME	Debra M. Garbrecht
STREET ADDRESS	P.O. Box 1677
CITY-ST-ZIP	Islamorada, Fl 33036
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Add
1.2 NAME	[illegible]
1.3 STREET ADDRESS	09/24/99--01071--012
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	[ ] Change [ ] Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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CR2E034 (1/98)

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: DM Garbrecht Sec/Treas. 3/8/99 (305) 664 3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone