

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

0268345

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000032594

1. Corporation Name
SEAWORTHY BOAT SERVICES, INC.

Principal Place of Business
9935 SOUTHWEST 215 STREET
MIAMI FL 33189

Mailing Address
9935 SOUTHWEST 215 STREET
MIAMI FL 33189

2. Principal Place of Business

21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
82 Spiegel & Utrera, P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
84 343 Almeria Avenue
85 City
Coral Gables
86 FL
87 Zip Code
33134

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 a(n) Spiegel & Utrera, P.A. of Section 607.0505, Florida Statutes.

SIGNATURE By: Natalia Utrera Vice-President

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE PTD
NAME SHIVELY, THOMAS R
STREET ADDRESS 9935 SOUTHWEST 215 STREET
CITY-ST-ZIP MIAMI FL 33189
[] DELETE
TITLE SVD
NAME SHIVELY, MICHELLE C
STREET ADDRESS 9935 SOUTHWEST 215 STREET
CITY-ST-ZIP MIAMI FL 33189
[] DELETE
TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Thomas R Shively 305 851-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 FEB 17 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1998
4. FEI Number
65-0887111
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
10. Name and Address of New Registered Agent

CR2E034 (11/98)