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 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037303

1. Corporation Name

AMERICAN Boatlift Maintenance and Repair, Inc.

Principal Place of Business — Mailing Address

3601 W. Commercial Blvd.
Ft. Lauderdale Fl. 33309

200002829532--5
-04/05/99--01126--001
****150.00 ****150.00

3. Date Incorporated or Qualified: 4-98

4. FEI Number: 65-0837128 — [ ] 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	2a. Mailing Address
21: 3601 W. Commercial Blvd	26:
Suite, Apt #, etc. 22: 4	Suite, Apt #, etc. 27:
City & State 23: Ft. Lauderdale	City & State 28:
Zip 24: 33309; Country 25: Broward	Zip 29:; Country 30:

9. Name and Address of Current Registered Agent

DAVID E Graham
3601 W. Commercial Blvd.
Ft. Lauderdale Fl. 33309

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] DAVID E. GRAHAM 3-25-99
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres - Dr	[X] DELETE	11 TITLE D/P	Director - President	[X] Change [X] Addition
NAME	DAVID E Graham		12 NAME	Cesar Jimenez	
STREET ADDRESS	1760 NE 1st St		13 STREET ADDRESS	3601 W Commercial Blvd	
CITY-ST-ZIP	Ft Lauderdale Fl 33301		14 CITY-ST-ZIP	Ft Lauderdale Fl 33309	
TITLE		[ ] DELETE	21 TITLE D/P	Tomea L. Behrendt	[X] Change [ ] Addition
NAME			22 NAME	3601 W Commercial Blvd.	
STREET ADDRESS			23 STREET ADDRESS	Ft. Lauderdale Fl. 33309	
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4-1-99

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: X [signature] Cesar Jimenez, Dir - Pres 3-25-99 (954)771 0252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)