

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

FILED
Aug 02, 1999 8:00 am
Secretary of State

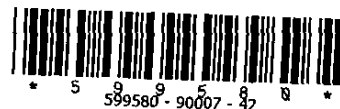
08-02-1999 90007 042 ***158.75

PROFIT. CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000049363

1. Corporation Name
Port Everglades Outboard Service, Inc.

Principal Place of Business 611 Ponce De Leon Drive, # 1 Fort Lauderdale, FL 33316	Mailing Address 611 Ponce De Leon Dr # 1 Fort Lauderdale, FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 611 Ponce De Leon Dr # 1 Suite, Apt. #, etc.	2a. Mailing Address 26 611 Ponce De Leon Dr # 1 Suite, Apt. #, etc.	4. FEI Number 65-0842496	Applied For Not Applicable
22 City & State 23 Fort Lauderdale, FL	27 City & State 28 Fort Lauderdale, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33316 25 Country USA	29 Zip 33316 30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Joseph Gerardo 611 Ponce De Leon Drive, # 1 Fort Lauderdale, FL 33316		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 Joseph Gerardo President DATE 7/27/99
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/T/S <input type="checkbox"/> DELETE Joseph Gerardo 611 Ponce De Leon Drive, # 1 Fort Lauderdale, FL 33316	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, upon an attachment with an address.

SIGNATURE: Joseph Gerardo President DATE 7/27/99 954-294-5792
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating)

P98000049363
599580-90001-42

Port Everglades Outboard Service, Inc.
611 Ponce De Leon Drive, # 1
Fort Lauderdale, FL 33316

July 27, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

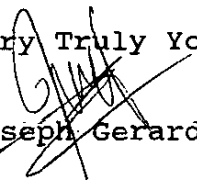
Re: Port Everglades Outboard Service, Inc. (P98000049363) Annual Report

Dear Sir or Madam,

We have not received an annual report form for 1999. My accountant advised me that we should have received one from your office earlier this year. Since we have no record of receiving such a form, my accountant prepared one for us. Accordingly, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive an annual report from your office this year. Please note any necessary changes that need to be made to your records regarding the business address and mailing address for this corporation. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,


Joseph Gerardo, President