


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S50496 (6)
1. Corporation Name
SOUTHPOINT SAIL & DIVE, INC.

Principal Place of Business
714 DUVAL STREET
KEY WEST FL 33040
US

Mailing Address
~~605 DUVAL STREET~~
~~KEY WEST FL 33040~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1991	
21		26	714 Duval St.	4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0262418	Not Applicable
22		27		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23		28	Key West FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	29	33040		
25	Country	30	USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, VICTORIA 3920 S. ROOSEVELT BLVD 405 S KEY WEST FL 33040		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUZIC, EDWARD JOSEPH	1.2 NAME	
STREET ADDRESS	24 WHISTLING DUCK	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUZIC, MARIA	2.2 NAME	
STREET ADDRESS	24 WHISTLING DUCK	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	Y	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SAM	3.2 NAME	
STREET ADDRESS	111 NORTH WASHINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTON MO	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, VICTORIA	4.2 NAME	
STREET ADDRESS	3920 S ROOSEVELT B 4055	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ 4/23/98 305-292-9770

CP2E034 (10/97)