

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

FILED
Apr 29 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 # **S51358** (7)
1. Corporation Name
CARRIBBEAN BASIN CORPORATION

Principal Place of Business 311 HIBISCUS AVENUE PANAMA CITY BEACH FL 32413-2808	Mailing Address 311 HIBISCUS AVENUE PANAMA CITY BEACH FL 32413-2808
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 315 HIBISCUS AVE Suite, Apt. #, etc. 22 City & State 23 PANAMA CITY BCH, FL Zip 24 32413 Country 25 BAY		2a. Mailing Address 26 315 HIBISCUS AVE Suite, Apt. #, etc. 27 City & State 28 PANAMA CITY BCH, FL Zip 29 32413 Country 30 BAY		3. Date Incorporated or Qualified 05/07/1991
		4. FEI Number 59-3077314	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		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		

9. Name and Address of Current Registered Agent MATHIEU, EDGAR L. 311 HIBISCUS AVENUE PANAMA CITY BEACH FL 32413		10. Name and Address of New Registered Agent 81 Name MICHAEL J MATHIEU 82 Street Address (P.O. Box Number is Not Acceptable) 83 315 HIBISCUS AVE 84 City PANAMA CITY BCH FL 85 Zip Code 32413	
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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 **MICHAEL J MATHIEU** *[Signature]* **3/1/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATHIEU, EDGAR L 311 HIBISCUS AVE PANAMA CITY BEACH FL <input checked="" type="checkbox"/> DELETE	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	ST MATHIEU, JANE E 311 HIBISCUS AVE PANAMA CITY FL <input checked="" 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	VP MATHIEU, KENNETH 311 HIBISCUS AVE PANAMA CITY BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ST KENNETH MATHIEU 315 HIBISCUS AVE PANAMA CITY BCH, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MATHIEU, MICHAEL 311 HIBISCUS AVE PANAMA CITY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	PRES MICHAEL MATHIEU 315 HIBISCUS AVE PANAMA CITY FL 32413 <input checked="" 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **MICHAEL J MATHIEU 3/1/98 858-234-3051**

CR2E034 (10/97)