

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

FILED
May 11 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 # V59955 (7)
1. Corporation Name
STEAMBOAT MARINE, INC.

Principal Place of Business
2700 DONALD ROSS RD
PALM BEACH GARDENS FL 33410
US

Mailing Address
P.O. BOX 30308
PALM BEACH GARDENS FL 33420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1992	
21		26		4. FEI Number 65-0351419	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

g. Name and Address of Current Registered Agent

SPITZ, JOSEPH G
18309 SE FED HWY
TEQUESTA FL 33469

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, typed or printed name of registered agent and title if applicable

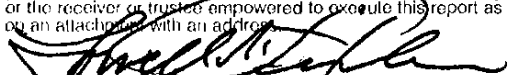
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President, Secretary & <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIXLER, LOWELL S.	1.2 NAME	Treasurer
STREET ADDRESS	1081 SHERIDAN RD.	1.3 STREET ADDRESS	Lowell S. Fixler, 1081 Sheridan Rd.
CITY-ST-ZIP	HIGHLAND PARK IL 60035	1.4 CITY-ST-ZIP	Highland Park, IL 60035
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, RICHARD	2.2 NAME	Richard 3. Fine
STREET ADDRESS	401 N MICHIGAN AVE	2.3 STREET ADDRESS	401 N. Michigan Ave., Ste. 1900
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHL, NORMAN	3.2 NAME	Kenneth A. Fixler
STREET ADDRESS	102 COCO LANE	3.3 STREET ADDRESS	1694 Clendenin
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Riverwoods, IL 60015
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Norman Dahl
STREET ADDRESS		4.3 STREET ADDRESS	102 Coco Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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



4/24/98

CR2E034 (10/97)