

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **351856** (0)

1. Corporation Name  
**IMPERIAL YACHT SALES, INC.**

Principal Place of Business Mailing Address  
**205 S. HOOVER STREET TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1969** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1358399** 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

6. This corporation has liability for intangible tax under S. 1961(3)(a), Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. State Apt # etc 26. State Apt # etc

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

**9. Name and Address of Current Registered Agent**

**HUGHEY, MIKE  
205 S. HOOVER ST.  
TAMPA FL 33609**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(2), 607.05(3), 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 provisions of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Signature of Registered Agent)

Signature of Registered Agent (Signature of Registered Agent)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97**

OFFICER	VD
NAME	HURST, H E
STREET ADDRESS	205 S HOOVER ST
CITY, STATE, ZIP	TAMPA FL
OFFICER	PD
NAME	HUGHEY, MIKE
STREET ADDRESS	205 S HOOVER ST
CITY, STATE, ZIP	TAMPA FL
OFFICER	SD
NAME	CARTER, SHIRLEY H
STREET ADDRESS	205 S HOOVER ST
CITY, STATE, ZIP	TAMPA FL
OFFICER	T
NAME	RAWLINS, WANITA M
STREET ADDRESS	205 S. HOOVER ST.
CITY, STATE, ZIP	TAMPA FL
OFFICER	ASD
NAME	BROWNE, DAN
STREET ADDRESS	205 S. HOOVER ST
CITY, STATE, ZIP	TAMPA FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

OFFICER	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. NAME	
STREET ADDRESS	3. STREET ADDRESS	
CITY, STATE, ZIP	4. CITY, STATE, ZIP	
OFFICER	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. NAME	
STREET ADDRESS	7. STREET ADDRESS	
CITY, STATE, ZIP	8. CITY, STATE, ZIP	
OFFICER	9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10. NAME	
STREET ADDRESS	11. STREET ADDRESS	
CITY, STATE, ZIP	12. CITY, STATE, ZIP	
OFFICER	13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14. NAME	
STREET ADDRESS	15. STREET ADDRESS	
CITY, STATE, ZIP	16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(2)(b), Florida Statutes. I further certify that the information included 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 130, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report, or as an attachment with an address.

SIGNATURE:

*Mike Hughey*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
Mike Hughey  
Pres

4/28/95

(813) 296-2323