

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **521187** (5)

1. Corporation Name  
**COMPLETE YACHT SERVICE, INC.**

Principal Place of Business Mailing Address  
**200 SW 33RD STREET FT. LAUDERDALE FL 33315** ---  
**200 SW 33RD STREET FT. LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/29/1976** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1728577** 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  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **113 NORTH FEDERAL HWY.** 26  
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 **DANIA, FLORIDA**  
24 Zip 25 Country 29 **33004** 30 Country

9. Name and Address of Current Registered Agent  
**-BROWN, ROBERT-A -**  
**-1424 SE 15TH STREET -**  
**-FT. LAUDERDALE FL 33316 -**

10. Name and Address of New Registered Agent  
B1 Name **FAST - TAX - GERALD J. ADAMS**  
B2 Street Address (P.O. Box Number is Not Acceptable) **113 NORTH FEDERAL HIGHWAY**  
B3  
B4 City **DANIA** FL B5 Zip Code **33004**

11. Pursuant to the provisions of Sections 607.0505 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]* **GERALD J. ADAMS** 3-30-95  
(NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, JOSEPH N.</b>	1.2 NAME	
STREET ADDRESS	<b>900 S.W. 31ST ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, LORRAINE</b>	2.2 NAME	
STREET ADDRESS	<b>900 S.W. 31ST ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULTON, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>418 S.W. 18TH COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALO, MARK T</b>	4.2 NAME	
STREET ADDRESS	<b>900 SW 31ST ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changed), or on an attachment with an address.

SIGNATURE *[Signature]* **MARK MALO** 3-30-1995 (305) 462-6977  
(NOTE: Signature and typed or printed name of signing officer or director) DATE (City/State/Zip)