

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.  
 AMOUNT DUE ON OR BEFORE 8/31/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 11 AM 10:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F9400002114 (6)

1. Corporation Name  
 PRIVATE YACHT CHARTERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
 3 CHRISTINA CENTER  
 201 WALNUT ST.  
 WILMINGTON DE 19801

Mailing Address  
 3 CHRISTINA CENTER  
 201 WALNUT ST.  
 WILMINGTON DE 19801

3. Date Incorporated or Qualified 04/25/1994  
 3a. Date of Last Report

2. Principal Place of Business  
 21 14444 Beach Blvd.  
 Suite, Apt. #, etc. Suite 18-173  
 City & State Jacksonville FL.  
 Zip 32250 Country USA

2a. Mailing Address  
 26 14444 Beach Blvd.  
 Suite, Apt. #, etc. Suite 18-173  
 City & State Jacksonville FL  
 Zip 32250 Country USA

4. FEI Number 59-3230544  
 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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 EDWARDS, CLAYTON  
 1444 BEACH BLVD., #18-173  
 JACKSONVILLE FL 32250

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 reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSDC
NAME	BLANKENSHIP, MARK
STREET ADDRESS	14444 BEACH BLVD., #18-173
CITY - ST - ZIP	JACKSONVILLE FL 32250
TITLE	VTDG
NAME	EDWARDS, CLAYTON
STREET ADDRESS	14444 BEACH BLVD., #18-173
CITY - ST - ZIP	JACKSONVILLE FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Mark Blankenship* 7-6-95 904-223-6032  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License #

CR2E034 (3/95)