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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sanora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400006564 (6)

DEAN ANTHONY YACHTS, INC.  Principal Place of Business Mailing Address									
2000 S. OCEAN DR. SUITE 1209 FT. LAUDERDALE FL 33316		2000 S. OCEAN SUITE 1209	2000 S. OCEAN DR.						
1 1. ENQUERE	MLE 7 E 30010	FI. CAUDERDALE	: FL 33310			3. Date Incorporated or Qualified		ite of Lasi	•
9 Principal Pu	ace of Business	Do Molno Addison				01/18/1994 4. FE Number		05/01/1	
21	ice of Edginess	2a, Maling Address	5			65-0568089			Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, et	ic.	_				\$8 ·	Not Applicable  75 Additional
22		27				5. Certificate of Status Desired			e Required
City & State		City & State				6. Election Campaign Financing		\$5	.00 May Be
23 Zu	Consti	28		_		Trust Fund Contribution			ded to Fees
Zip <b>24</b> ]	25 Country 29		Zip Country			This corporation has liability for intangible tax under s. 199,032,     Horida Statutes			
		s of Current Registered Agent	1301	_		10. Name and Address of New		d Agent	
	V (4.1 to 10.1		81	T	Name			- · · · <b>J</b> · · · · ·	
	NDA, DEAN A		82	+	Street Add	ress (P.O. Box Number is Not Accept.	abdo)		
	OCEAN DRIVE			1		1033 (1.10) Box Manager to Not Modephadicy			
STE. 120			83						
FT. LAUI	DERDALE FL 33316		84	†	City		F	85	Zip Code
familiar with	su agent, of both, in the S h, and accept the obligation Systems type for post-diameter	itate of Florida, Such change was aut ons of, Section 607,0505, Florida Sta ingressed agriculant tear series i FICERS AND DIRECTORS	thorized by the corp trutes  (NOTE Registered Age	100	ration's boa	ration submits this statement for the p rd of directors. Thereby accept the ap statementary.  ADDITIONS/CHANGES TO OF	pointment a	ns register	ed agent. I am
TITLE	P	DELFTE		TLE		ADDITIONS/CHANGES TO OF	HOERS AN	Chang	~~~
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STREET ADDRESS	2000 S. OCEAN DE		1.3 STREE	I AI	DDRES\$				
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NAME			3.2 NAME						, <u> </u>
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CITY-SI-ZIP			6.4 CITY - S						
certily that I	ine information indicated c am an officer or director o	on this annual report or supplemental of the <del>comp</del> ration or the receiver or tr	l annual report is to	10	and accura	or the exemption stated in Section 11 te and that my signature shall have th s report as required by Chapter 607, f	a spana look	d official or	dit assala unad a

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96 954-936-0400

CR2E034 (12/95)