

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1 of 2

DOCUMENT # P94000040114 (8)

1. Corporation Name  
**COLUMBO YACHTS, INC.**



Principal Place of Business: 2660-C JEWETT LANE SANFORD FL 32771  
Mailing Address: 2660-C JEWETT LANE SANFORD FL 32771

2. Principal Place of Business: 21 1320 NW 65th Place, Suite, Apt. #, etc.  
22 City & State: 23 Ft. Lauderdale, FL  
24 33309, 25 U.S.  
2a. Mailing Address: 26 1320 NW 65th Place, Suite, Apt. #, etc.  
27 City & State: 28 Ft. Lauderdale, FL  
29 33309, 30 U.S.

3. Date Incorporated or Qualified: 05/27/1994  
3a. Date of Last Report: 03/14/1995  
4. FEI Number: 59-3244884  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributor:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: LEWIS, BARBARA M, 2660-C JEWETT LANE, SANFORD FL 32771  
10. Name and Address of New Registered Agent: 81 Name: O'Quinn, Michael A. U., 82 Street Address (P.O. Box Number is Not Acceptable): 1320 NW 65th Place, 83 City: Ft. Lauderdale, FL, 84 Zip Code: 33309

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: *Michael A. U. O'Quinn* Michael A. U. O'Quinn, Vice President DATE: 4/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUTCHINGS, JAMES L.		12. NAME: HUTCHINGS, JAMES L.	
STREET ADDRESS: 2660-C JEWETT LANE		13. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP: SANFORD FL 32771		14. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUTCHINGS, BARBARA J.		22. NAME: HUTCHINGS, BARBARA J.	
STREET ADDRESS: 2660-C JEWETT LANE		23. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP: SANFORD FL 32771		24. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEWIS, BARBARA M.		32. NAME: LEWIS, BARBARA M.	
STREET ADDRESS: 2660-C JEWETT LANE		33. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP: SANFORD FL 32771		34. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		42. NAME: HUTCHINGS, RONALD J.	
STREET ADDRESS:		43. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		52. NAME: NIGHBERT, DAVID L.	
STREET ADDRESS:		53. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		62. NAME: PATTERSON, RICHARD B.	
STREET ADDRESS:		63. STREET ADDRESS: 1320 NW 65th Place	
CITY-STATE-ZIP:		64. CITY-STATE-ZIP: Ft. Lauderdale, FL 33309	

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 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. U. O'Quinn* (407) 324-8622  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/5/96

CR2E034 (12/95)

CONTINUATION OF BLOCK #13

FOR: Columbo Yachts, Inc.

<b>TITLE:</b> V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME:</b> O'Quinn, Michael A. U.	
<b>STREET ADDRESS:</b> 1320 NW 65th Place	
<b>CITY, STATE, ZIP:</b> Ft. Lauderdale, FL 33309	

<b>TITLE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	

<b>TITLE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	

<b>TITLE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	