

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mor Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S24484 (5)

1. Corporation Name
ROSS YACHT MAINTENANCE, INC.

Principal Place of Business 5712 55TH ST N ST. PETE FL 33709 US	Mailing Address 5712 55TH ST N ST PETERSBURG FL 33709-2002
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 08/07/1996
4. FEI Number 65-0227340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSS, MICHAEL D.
 5712 55TH ST N
 ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

11 Name
 12 Street Address (P.O. Box Number is Not Acceptable)
 13
 14 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROSS, MICHAEL D 5712 55TH ST N ST PETERSBURG FL	<input type="checkbox"/> DELETE	E Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE D	ROSS, MARGARET A 5712 55TH ST N ST PETERSBURG FL	<input type="checkbox"/> DELETE	F Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	G Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	H Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	I Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	J Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	K Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE	L Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 file 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 D. Ross Sr.* **ROSS SR.** 4-25-97 813-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)