

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 05 1998 8:00am  
Secretary of State

DOCUMENT # **338741** (2)  
1. Corporation Name  
**LAND YACHT PORT O'CALL, INC.**



Principal Place of Business Mailing Address  
**1300 AIRPORT BOULEVARD** **1300 AIRPORT BOULEVARD**  
**MELBOURNE FL 32901** **MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1968</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1278821</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required.	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAMES F. WELLER**  
**1300 S. AIRPORT BLVD.**  
**MELBOURNE FL 32901**

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]*  
Signature, typed or printed name of registered agent and title if applicable

*[Signature]*  
(NOTE: Registered Agent signature required when resigning)

**x 1/26/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELLER, JAMES F.	
STREET ADDRESS	1300 S. AIRPORT BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOONTZ, PHILIP	
STREET ADDRESS	1300 S. AIRPORT BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KELLOGG, RALPH	
STREET ADDRESS	1300 S AIRPORT BLVD	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORHEAD, CHARLES	
STREET ADDRESS	1300 S. AIRPORT BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANLEY, VIRGINIA	
STREET ADDRESS	1300 S AIRPORT BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
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 hereby certify that the information supplied with this filing does not qualify for the 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 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]*

**1/27/98 407-723-3604**

CR2E034 (10/97)