

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
95 JUN -1 11:10:52

DOCUMENT # **434929** (6)
1. Corporation Name
YACHT MANAGEMENT, INC.

Principal Place of Business: **923 S.E. 20TH STREET
P.O. BOX D-4
FORT LAUDERDALE FL 33316**
Mailing Address: **923 S.E. 20TH STREET
P.O. BOX D-4
FORT LAUDERDALE FL 33316** (PA # 4173)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1973**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1486464**
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**
7. The corporation has liability for activities in Florida since 1/01/73: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** 29. Zip: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUTHAMEL (WILLIAM R.)
2421 S.W. 42ND WAY
FT. LAUDERDALE FL 33317**

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 (050) 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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO CROUTHAMEL, WILLIAM 2421 SW 42ND WAY FT. LAUDERDALE FL
NAME	STD CROUTHAMEL, MARY JANE 2421 SW 42ND WAY FT. LAUDERDALE FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 119 (070,08) Florida Statutes. I further certify that the information included 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 this corporation or the receiver or liquidator 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: *William R. Crouthamel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William R. Crouthamel

30 MAY 95 3155247144