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**Feb 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 501025 (1)
1. Corporation Name
LAND YACHT HARBOR OF MELBOURNE, INCORPORATED



Principal Place of Business
**201 N. JOHN RODES BLVD. A-1
MELBOURNE FL 32934-6671**

Mailing Address
**201 N. JOHN RODES BLVD. A-1
MELBOURNE FL 32934-6099**

3. Date Incorporated or Qualified
04/13/1976

3a. Date of Last Report
02/23/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1827148	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHINE, THOS. E. 500A HARBOR CITY BLVD PO BOX 361293 MELBOURNE FL 32934				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKENS, RICHARD	1.2 NAME	Bob Davis
STREET ADDRESS	201 N JOHN RODES BLVD	1.3 STREET ADDRESS	201 N. John Rodes Blvd.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, DICK	2.2 NAME	
STREET ADDRESS	201 N JOHN RODES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREYS, HENRY	3.2 NAME	
STREET ADDRESS	201 N JOHN RODES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, LOIS	4.2 NAME	
STREET ADDRESS	201 N JOHN RODES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BOB	5.2 NAME	Ray West
STREET ADDRESS	201 N JOHN RODES BLVD	5.3 STREET ADDRESS	201 N. John Rodes Blvd.
CITY-ST-ZIP	MELBOURNE, FL 00000	5.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHN, BOB	6.2 NAME	
STREET ADDRESS	201 N JOHN RODES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 00000	6.4 CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: *Bob Davis* **Bob Davis, Pres.** 2-12-97 407-254-6398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)