

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
TALLAHASSEE, FLORIDA
OFFICE OF CORPORATIONS

DOCUMENT # **563415** (9)
TAMMIAMI YACHT BASIN, INC.

APPROVED AND FILED
95 MAY -1 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3491 NW 20TH ST. MIAMI FL 33142
Mailing Address: 3491 NW 20TH ST. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reincorporation) 03/24/1978		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-1819028		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. The corporation is not liable for information by Chapter 8, 1991 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	2a. Mailing Address	22. State Apt # etc	27. State Apt # etc
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent MANSON, DON H. 3491 NW 20TH ST MIAMI FL 33142		10. Name and Address of New Registered Agent		
		81. Name		
		82. Street Address (P.O. Box Number, Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 210.01 and 210.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent or place of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. (Form similar with and subject to the provisions of Sections 210.01 and 210.02, Florida Statutes.)

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD MANSON, DON H 3491 NW 20TH ST MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. NAME	
		7. STREET ADDRESS	
		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. STATE	
		10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. NAME	
		12. STREET ADDRESS	
		13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. STATE	
		15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in section 210.01(b)(1) Florida Statutes. I further certify that the information is filed on this filing report or supplemental annual report in form and in copies 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 for the removal of duties entrusted to me to file this report as required by Chapter 605, Florida Statutes and that my name appears in Block 12 of this report, changed or removed without an address.

SIGNATURE: *Don H. Manson* 4-26-95 (305) 635-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR