

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda H. Mathis  
Secretary of State  
Tallahassee, Florida 32399-0001

APR 20 1995

95 MAY 11 10:40

SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **572194** (9)  
BOATYARD VILLAGE, INC.

EXACTLY WRITE IN THIS SPACE

Principal Place of Business: **4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807**  
Mailing Address: **4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807**

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

3. Date incorporated or organized: **05/17/1978** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **95-3309790** 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**  
6. This corporation has authority for information tax under Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.0602 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 607.0605 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | AS                       |
| NAME           | MCMAHON, JUDITH          |
| STREET ADDRESS | 4155 E AL PALMA AVE #250 |
| CITY, ST, ZIP  | ANAHEIM CA               |
| TITLE          | DV                       |
| NAME           | TALlichET, CECILIA       |
| STREET ADDRESS | 4155 E LA PALMA AVE #250 |
| CITY, ST, ZIP  | ANAHEIM CA               |
| TITLE          | PD                       |
| NAME           | TALlichET, DAVID C JR    |
| STREET ADDRESS | 4155 E LA PALMA AVE #250 |
| CITY, ST, ZIP  | ANAHEIM CA               |
| TITLE          | AT                       |
| NAME           | ROYSE, BOB D.            |
| STREET ADDRESS | 4155 E LA PALMA AVE #250 |
| CITY, ST, ZIP  | ANAHEIM CA               |
| TITLE          | ST                       |
| NAME           | TALlichET, CECILIA       |
| STREET ADDRESS | 4155 E LA PALMA AVE #250 |
| CITY, ST, ZIP  | ANAHEIM CA               |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  |   |
| 15. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME           |   |
| 17. STREET ADDRESS |   |
| 18. CITY, ST, ZIP  |   |
| 19. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME           |   |
| 21. STREET ADDRESS |   |
| 22. CITY, ST, ZIP  |   |
| 23. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. NAME           |   |
| 25. STREET ADDRESS |   |
| 26. CITY, ST, ZIP  |   |
| 27. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME           |   |
| 29. STREET ADDRESS |   |
| 30. 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 119.07(4), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 13 or 14 if changed, or on an attachment with an address.

SIGNATURE: : *Cecilia Tallichet* P. Cecilia Tallichet 4.21.95 714-579-5900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR