

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **574820** (7)  
1. Corporation Name  
**BAHAMAS YACHTING SERVICES, INC.**



Principal Place of Business <b>115 EAST BROWARD BOULEVARD FT. LAUDERDALE FL 33301</b>	Mailing Address <b>115 EAST BROWARD BOULEVARD FT. LAUDERDALE FL 33301-3502</b>
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2. Principal Place of Business <b>21 980 Awald Road</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 980 Awald Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/06/1978</b>	3a. Date of Last Report <b>02/19/1996</b>
22 City & State <b>23 Annapolis, MD</b>		27 City & State <b>28 Annapolis, MD</b>		4. FEI Number <b>59-1824871</b>	Applied For Not Applicable
24 Zip <b>21403</b>		25 Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
26 Zip <b>21403</b>		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
28 Zip <b>21403</b>		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COCHRAN, PETER 115 EAST BROWARD BOULEVARD FT. LAUDERDALE FL 33301</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		<b>FL</b>	

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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, CHRIS</b>	1.2 NAME	
STREET ADDRESS	<b>115 EAST BROWARD BOULEVARD</b>	1.3 STREET ADDRESS	<b>980 Awald Road</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL 33301</b>	1.4 CITY- ST- ZIP	<b>Annapolis, MD 21403</b>
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUARNACCIA, LYNDIA</b>	2.2 NAME	
STREET ADDRESS	<b>115 EAST BROWARD BOULEVARD</b>	2.3 STREET ADDRESS	<b>980 Awald Road</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL 33301</b>	2.4 CITY- ST- ZIP	<b>Annapolis, MD 21403</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, RUPERT</b>	3.2 NAME	
STREET ADDRESS	<b>115 EAST BROWARD BOULEVARD</b>	3.3 STREET ADDRESS	<b>980 Awald Road</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL 33301</b>	3.4 CITY- ST- ZIP	<b>Annapolis, MD 21403</b>
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCHRAN, PETER</b>	4.2 NAME	
STREET ADDRESS	<b>115 EAST BROWARD BOULEVARD</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>FT. LAUDERDALE FL 33301</b>	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0258168

CR2E034 (9/96)