

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 578690

(0)

1. Corporation Name

DIAMOND C YACHTS, INC.



Principal Place of Business

1920 PALM BCH LKS BLVD. #202  
WEST PALM BEACH FL 33409

Mailing Address

1920 PALM BCH LKS BLVD. #202  
WEST PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 5841 Corporate Way

26 5841 Corporate Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33407

25 Palm Beach

29 33407

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/07/1978

3a. Date of Last Report  
08/09/1995

4. FEI Number

59-1833620

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WILSON, N. GRIFFIN  
1920 PALM BCH LKS BLVD. #202  
WEST PALM BEACH FL FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
5841 Corporate Way

83 Suite 100

84 City

West Palm Beach

FL

85 Zip Code  
33407

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 or officer, director, or trustee

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
WILSON, N. GRIFFIN  
1920 PALM BEACH LAKES BLVD  
W. PALM BEACH FL 33409 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WALDRON, THOMAS S.  
1920 PALM BCH LAKES BLVD  
W. PALM BEACH FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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-05/20/96--01005--001  
\*\*\*3400.00

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(3)(k), 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 change. I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
N. Griffin Wilson, Pres.

4-25-96

407-689-4488

CR2E034 (12/95)