

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33604
DATE RECEIVED
OFFICE OF CORPORATIONS

APPROVED
ASST
SECRETARY

5/28/95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **594407** (9)
1. Incorporation Number
FLORIDA-CARIBBEAN SAILING YACHTS, INC.

Principal Place of Business: **3595 TURTLE MOUND ROAD MELBOURNE FL 32934**
Mailing Address: **3595 TURTLE MOUND ROAD MELBOURNE FL 32934**

PRINTED WITH IN THIS SPACE

3. Date incorporated or Qualified: **11/28/1978**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. ZIP	25. ZIP	29. ZIP	30. ZIP
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
(WINDLEYHM) ROBERT F. JR. 3395 TURTLE MOUND ROAD MELBOURNE FL 32434	<table border="1"> <tr> <td>81. Name</td> <td>WADLEIGH ROBERT F</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>	81. Name	WADLEIGH ROBERT F	82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
81. Name	WADLEIGH ROBERT F										
82. Street Address (P.O. Box Number is Not Acceptable)											
83. City											
84. State	FL										
85. Zip Code											

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: *Robert F. Wadleigh*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADLEIGH, ROBERT	TITLE	
STREET ADDRESS	3395 TURTLE MOUND ROAD	1. NAME	
CITY & STATE	MELBOURNE FL	1. STREET ADDRESS	
TITLE	P	1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANGO, BRUCE	2. NAME	NOT AN OFFICER
STREET ADDRESS	P.O. BOX 612 N/A	2. STREET ADDRESS	AS OF (7/93)
CITY & STATE	TAVERNIER FL	2. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3. NAME	
NAME		3. STREET ADDRESS	
STREET ADDRESS		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		4. NAME	
TITLE		4. STREET ADDRESS	
NAME		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY & STATE		5. STREET ADDRESS	
TITLE		5. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0103, Florida Statutes. I further certify that the information included 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 affidavit with an address.

SIGNATURE: *Robert F. Wadleigh* PNC 5/28/95 407 2546821

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR