

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

APR 18 PM 5:00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **625493** (2)

1. Corporation Name
DIAMOND 99 MARINA & YACHT SALES, INC.

Principal Place of Business
**4399 NORTH HARBOR CITY BOULEVARD
MELBOURNE FL 32935-1899**

Mailing Address
**4399 NORTH HARBOR CITY BOULEVARD
MELBOURNE FL 32935-1899**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1979** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number **59-1916471** 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

9. Name and Address of Current Registered Agent

**CARTER, SION W., JR.
216 E. JACKSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name **CARTER, EDWARD A.**
82. Street Address (P.O. Box Number is Not Acceptable) **4419 COQUINA RIDGE DR.**
83.
84. City **MELBOURNE** FL 85. Zip Code **32935**

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. Said change is 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 607.0503, Florida Statutes.

SIGNATURE *Edward A. Carter* **EDWARD A. CARTER** DATE **4/12/95**

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **CARTER, EDWARD A.**
STREET ADDRESS **4399 N. HARBOR CITY BLVD**
CITY, ST, ZIP **MELBOURNE FL**

TITLE **D**
NAME **CARTER, BETTY B.**
STREET ADDRESS **4399 N. HARBOR CITY BLVD**
CITY, ST, ZIP **MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2. TITLE Change Addition
2.2. NAME
2.3. STREET ADDRESS
2.4. CITY, ST, ZIP

3.1. TITLE Change Addition
3.2. NAME
3.3. STREET ADDRESS
3.4. CITY, ST, ZIP

4.1. TITLE Change Addition
4.2. NAME
4.3. STREET ADDRESS
4.4. CITY, ST, ZIP

5.1. TITLE Change Addition
5.2. NAME
5.3. STREET ADDRESS
5.4. CITY, ST, ZIP

6.1. TITLE Change Addition
6.2. NAME
6.3. STREET ADDRESS
6.4. 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 110.07(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, as changed, or in an attachment with an addendum.

SIGNATURE: *Edward A. Carter* DATE **4/12/95** **407-254-1490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EDWARD A. CARTER**