

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

1995


$$\begin{aligned} \frac{1}{2} \left(\frac{1}{2} \right) &= \frac{1}{4} \\ \frac{1}{4} \left(\frac{1}{4} \right) &= \frac{1}{16} \\ \frac{1}{16} \left(\frac{1}{16} \right) &= \frac{1}{256} \end{aligned}$$

APPROVED
AND
FILED

DOCUMENT # 645984

(6)

9 JUL 10 AM 10:35

WALSH YACHTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1900 SE 15TH STREET
FT LAUDERDALE FL 33316-3008

1900 SE 15TH STREET
FT LAUDERDALE FL 33316-3008

[illegible]

2. Date of Current Registration		2a. Mailing Address	3. Date of Registration (Required)	3a. Date of Last Request
21		26	11/21/1979	07/19/1994
22. State Applicant		27. State Applicant	4. FIC Number	4a. FIC
			59-1971625	Not Applicable
23. State		28. State	5. Certificate of Status (Required)	\$8.75 Additional Fee Required
			6. Election Campaign Financing	\$5.00 May Be Added to Fees
24. State		29. State	Trust Fund Contributions	
25. State		30. State	7. How Long Have You Been Registered?	8. How Long Have You Been Registered?
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

WALSH, CHARLES J.
1900 SE 15TH STREET
FT. LAUDERDALE, FL

B1	Name	
B2	Street Address (if C) Box Number is Not Acceptable	
B3		
B4	City	
		B5 Zip Code

11. The undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original document, as the same appears in the records of the Department of the Interior, Bureau of Land Management, and that the undersigned is duly qualified to depose and say so.

DATE: 11/11/95
NAME: GAIL WALSH, V.P.
ID: 6-3-95

12.	13.	ADDITIONS, CHANGES TO OFFICERS AND OTHER PERSONNEL
NAME WALSH, CHARLES 1900 SE 15TH ST FT LAUDERDALE, FL 00000	1. NAME WALSH, CHARLES 1. OFFICIAL ADDRESS 1. CITY, STATE, ZIP	☐ Change ☐ Addition
VP WALSH, GAIL 1900 SE 15 STREET FT LAUDERDALE FL	2. NAME 2. OFFICIAL ADDRESS 2. CITY, STATE, ZIP	☐ Change ☐ Addition
	3. NAME 3. OFFICIAL ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition
	4. NAME 4. OFFICIAL ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
	5. NAME 5. OFFICIAL ADDRESS 5. CITY, STATE, ZIP	☐ Change ☐ Addition
	6. NAME 6. OFFICIAL ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition
	7. NAME 7. OFFICIAL ADDRESS 7. CITY, STATE, ZIP	☐ Change ☐ Addition
	8. NAME 8. OFFICIAL ADDRESS 8. CITY, STATE, ZIP	☐ Change ☐ Addition
	9. NAME 9. OFFICIAL ADDRESS 9. CITY, STATE, ZIP	☐ Change ☐ Addition
	10. NAME 10. OFFICIAL ADDRESS 10. CITY, STATE, ZIP	☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL J WALSH

5.3.95 305.525-7447