

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 652081 (1)

1. Corporation Name

KATHY FAY YACHT CHARTERS, INC.



Principal Place of Business

1500 CORDOVA RD #214 314
FORT LAUDERDALE FL 33316

Mailing Address

1500 CORDOVA RD #214- 314
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
01/04/1980

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-1977109

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

10. Name and Address of New Registered Agent

SAXON, ROBERT E.
2741 NE 37 DR
FT. LAUDERDALE FL 33308

81 Name

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

83

84 City

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

(Signature type or print name of registered agent or director)

(Type) Registered Agent Signature (required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FAY, KATHLEEN
STREET ADDRESS 4890 WINKFIELDWAY
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE PSCE
NAME SAXON, ROBERT E.
STREET ADDRESS 2741 NE 37 DR
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE VPT
NAME SAXON, KAROLYN
STREET ADDRESS 2741 NE 37 DR
CITY-ST-ZIP FT. LAUDERDALE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96

305-760-5801

Date

Daytime Phone #

CR2E034 (12/95)