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

CORPORATION ANNUAL REPORT



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

1996

695168 DOCUMENT #
1. Corporation Name

(5)

STUART YACHT SALES, INC.							
Principal Place	of Business	Mailing Address			I 1835/10 OLIVO IDIAL DIIDI KIBIL DIII	II IBUF WIDH DIBU BIWAF	DEBLI GIGII DIGII IDDI
% GREGORY N BURDICK 450 SW SALERNO RD STUART FL 34997		450 SW SALERNO R	% GREGORY N BURDICK 450 SW SALERNO RD STUART FL 34997				
		SIUKHI PE 3439/			3. Date incorporated or Qualified 07/17/1981	17/1981 04/21/1995	
2. Principal Place of Business		2a. Mailing Address	•••••		4. FEI Number	Applied For	
State Ash History		26	<del>                                     </del>		59-2230705	59-2230705 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #. etc.	27		5. Certificate of Status Desired	Fee Required	
City & State		<del></del>	City & State		6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Ζιρ	Country	Ζip	Count	ry	8. This corporation has liability for	intangible tax und	ers 199.032,
24	25	29	30			3 □No	<u>.</u>
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New I	Registered Agent	
				1 Name			
	K, GREGORY N		82 Stree		ddress (P.O. Box Number is Not Acceptable)		
	Salerno RD Fl 34997		8	3			
SIUARI	rl 3489/						
			8	4 City		FL 85	Zip Code
familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Soc Signative speed or project name of registrate stage.	ction 607.0505, Florida Statuti	rized by the colles.	_	ard of directors. Thereby accept the app	nointment as regist	ered agent. I am
12.	OFFICERS AI	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRE	CTORS IN 12
THILE	ST	DELETE	1.1701	F	Change Addition		
NAME	BURDICK, NANCY G		1.2 NAM	f			
STREET ADDRESS	450 S W SALERNO RD			ET ADDRESS			
CITY-ST-ZIP TITLE	STUART, FL 00000 DP			- ST - Z:P		☐ Cha	nge
NAME	BURDICK, GREGORY N		2 1 TIGE 2 2 NAM				inge
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NAME			3.2 NAM	E			
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CITY - ST - ZIP			3.4 CITY	· S* · 7·P			
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NAME			4.2 NAM	į			
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TITLE NAME		Doctor				LT Cua	ngo [] Addition
STREET ADDRESS			5.2 NAM 5.3 STBE	ET ADDRESS			
CITY - ST-ZIP			5.4 CITY				
TITLE		DELETE 6			Change Addition		nge 🔲 Addition
NAMÉ			6.2 NAM	Ē			
STREET ADDRESS			63 SIRE	E! ADDRESS			
CITY - ST - ZIP			6.4 CITY				annen er a son afte and element on a mark of a Pro-
certify that	the information indicated on this ani	eual recort or supplemental ar	nnual report is t	true and accur	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F4/24/9	e same legal effect Torida Statutes, an	as if made under

SIGNATURE:

AGOFFICER OR DIRECTOR SIGNATURE AND TYPED OR PONTED NAME OF SIGN

GREGORY N. BURDICK

407/283-1947

CR2E034 (12/95)