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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
SANCHA B. MORIDIAN
SOCIETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F03204

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DION'S YACHT BASIN, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Principal Place	of Business			Ma	ling Address				<del></del>	-						
779 W WENTWORTH ST				870 VAN GOGH RD.												
ENGLEWOOD FL 34223				ENGLEWOOD FL 34223						DO NOT WRITE IN THIS SPACE						
				US						3.	Date Incorporated or Qualified	3a. Date		Retx	nrt .	_
										-	10/16/1980		01/19		J. (	
2. Principal Place of Business				2a. Mailing Address					<del>2 ~</del>	4.	FEI Number	ינעט	VII I		plied For	_
21				26 890/ Tisherman				2	Bay Dr		59-2034020		 	No	t Applicable	<del>-</del>
Suite, Apt. #, etc.				Suite, Apt. #, etc.						T	Certificate of Status Desired			-	dditional	Π
City & State				27 Sarasota, City & State						L					quired	
23				28 7/				ĺ			Election Campaign Financing Trust Fund Contribution	$\Box$			May Be 5 Fees	
Zip Country			<del></del>	<del></del>				Country			This corporation has liability for	intancible ta				_
25				29 <i>34</i> 3/ 30 ·							Flonda Statutes Yes		J. 07.00.	J	JO: 00L,	
	9. Name	and Addres	s of Current Re	egistered Agent						10. Name and Address of New Registered Agent						
							81	1	Name							
DION, F ROBERT								82 Street Address			O. Box Number is Not Acceptat	le)				_
870 VAN GOGH RD							_	_				<del></del>				
ENGLEWO	IOD 34223						83	ا								
							84	4	City	••		FL	85	Zıp C	ode	_
11. Pursuant o	o the provisi	ons of Section	is 607 0502 and	607	.1508, Florida S	tatutes.	the above	-na:	med corporat	lion si	ubmits this statement for the pu	pose of cha	inging il	s regi	stered offic	e
or registere familiar wit	ed agent, or h, and accep	both, in the S of the obligation	itate of Florida, S ons of, Section 6	Such 507.0	change was au 505, Florida Sta	thorized i itutes.	by the con	por	ation's board	ol da	rectors. I hereby accept the app	ointment as	register	ed ag	ent. I am	
SIGNATURE	Shwait on taxant	n contest name of	registered agent and tr	du 1 a	who it to	4011	Burnet An		agrature majared v		and the same of th	DATE				
12.	CAP AND TYPES		FICERS AND D			INCIE	13.		Alegina arthurst A		ADDITIONS/CHANGES TO OFF		DIREC	TORS	IN 12	-
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CITY ST-ZIP							64 CITY									_]
Certify fragi	tho informat	ron indicated	on this annual re	110KH	or supplementa	l annual i	report is tr	้นข	and accurate	and I	exemption stated in Section 110.  That my signature shall have the Las required by Chapter 607. Fi	onmo tonal	effect a	a il mo	ido undor	

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytene Person