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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F35971

(3)

1. Corporation Name

ADMIRALTY YACHT SERVICE, INC.



Principal Place of Business

6901 EDGEWATER DR
BOX 323
CORAL GABLES FL 33133

Mailing Address

6901 EDGEWATER DR
BOX 323
CORAL GABLES FL 33133-7044

3. Date Incorporated or Qualified
05/22/1981

3a. Date of Last Report
07/30/1996

2. Principal Place of Business

21 2475 S. Bayshore Dr

2a. Mailing Address

26 2475 S. Bayshore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 9

27 # 9

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33133-4739

25 U.S.

29 33133-4739

30 U.S.

9. Name and Address of Current Registered Agent

CRISPIN, SAMUEL B
6901 EDGEWATER DR
BOX 323
CORAL GABLES FL 33133-4034

10. Name and Address of New Registered Agent

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CRISPIN, SAMUEL B
STREET ADDRESS 6901 EDGEWATER DR, #323
CITY-ST-ZIP CORAL GABLES, FL 00000
☒ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CRISPIN, SAMUEL B.
1.3 STREET ADDRESS 2475 S. BAYSHORE DR. #9
1.4 CITY-ST-ZIP MIAMI, FL 33133-4739
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel B. Crispin

28 April '97

305-859-2070

CR2E034 (9/96)