## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F35971

(3)

Mailing Address

ADMIRALTY YACHT SERVICE, INC.

**FILED** May 08 1997 8:00am Secretary of State



Suit, part is etc. 2. Missing Address	6901 EDGEWAT BOX 323 CORAL GABLE		8901 EDGEWATER DR BOX 323 CORAL GABLES FL 33133-70	044					
21   24   75   5   5   5   5   5   5   5   5						3. Date Incorporated or Qualified 05/22/1981			aport .
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20   33   33 - 4739   25	City & State	Annews .	City & State	<u></u>	·· · · · · · · · · · · · · · · · · · ·	, , ,	П		
CRISPIN, SAMUEL B 8901 EDGEWATER DR BOX 323 CORAL GABLES FL 33133-4034  10, Name and Address of New Repletered Agent Sireal Address (P.O. Box Number is Not Acceptable)  11, Pursuant to the provisions of Sections 697,0562 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am firmfair with, and accept the obligations of, Section 07,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am firmfair with, and accept the obligations of, Section 07,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am firmfair with, and accept the obligations of, Section 07,0505, Florida Statutes with a corporation's board of directors. I hereby accept the appointment as registered agent. I am firmfair with, and accept the obligations of, Section 07,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LEADING TO THE TOWN OF THE AGENT	Zip	Country	Zip			8. This corporation has liability for	or intangible to	ax under s.	
801 EDGEWATER DR BOX 323 CORAL GABLES FL 33133-4034  88  14 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 agent in the State of Florida. Such change was subhorized by the corporation submits this statement for the purpose of changing its registered agent in translar with, and accept the appointment as registered agent at manual with a manual properties of the appointment as registered agent and the displacement of the purpose of changing its registered agent and the displacement agent ag		g, Name and Address of Curren	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		T 3.	10. Name and Address of New I			
BOX 323 CORAL GABLES FL 33133-4034  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered obscious or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered obscious or registered agent in an familiar with, and accept the objections of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent in an familiar with, and accept the objection of 50 Section 607,0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent in an familiar with, and accept the objection of 50 Section 607,0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent in an familiar with, and accept the objection 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered addition.  In the purpose of changing its registered agent and the application.  OFFICERS AND DIRECTORS  19. ADDITIONS,CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS,CHANGES TO OFFICERS				81	Name				
CORAL GABLES FL 33133-4034  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURB  SIGNATURB  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  11. TITLE  CRISPIN, SAMUEL B  SOBI EDGENMATER DR, \$23  CITY-S1-7P  THE  SIRRET ADDRESS  CITY-S1-7P  DELETE  2. TITLE  2. 2 MAME  3. STREET ADDRESS  CITY-S1-7P  DELETE  3. TITLE  3. STREET ADDRESS  CITY-S1-7P  DELETE  4. TITLE  3. STREET ADDRESS  CITY-S1-7P  DELETE  3. STREET ADDRESS  SACIN-S1-7P  Change  Change  Additional STREET ADDRESS  SACIN-S1-7P  Change  Chang				82	Street	Address (P.O. Box Number is Not Accept	able)		
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. I am familiar with, and accept the obligations of Socions 607.0505 principles and such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manufacture of inspiratory accept the appointment as registered segment arm familiar with, and accept the obligations of Socion 607.0505 principles and state approach when remaining.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-7P  CRISPIN, SAMUEL B  6901 EDGENATER DR, \$223  CORAL GABILES, FL 00000  CITY-ST-7P  INTE  DELETE  11THE  22 NAME  22 NAME  22 NAME  22 NAME  23 SIRET ADDRSS  CITY-ST-7P  INTE  DELETE  31 TITLE  Change  Addition  Change  Addition  Addition  CRISPIN, SAMUEL B.  32 NAME  33 SIRET ADDRSS  CITY-ST-7P  INTE  DELETE  11THE  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  C				83	<del> </del>				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and married with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Signature of the purpose of changing its registered agent				R4	City		i	les Zin (	ിൻ
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   part or predictions of registered developed with the obligations of Section 607 0505, Florida Statutes.  SIGNATURIF  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTER CRISPIN, SAMUEL B  SIRRELARRIESS  CITY-S1-2P  CORAL GABLES, FL 00000  14 CITY-S1-2P  CORAL GABLES, FL 00000  14 CITY-S1-2P  INTU  DELETE  21 TITLE  CRESPIN, SAMUEL B  SIRRELARRIESS  CORAL GABLES, FL 00000  14 CITY-S1-2P  INTU  DELETE  21 TITLE  CRESPIN SAMUEL B  SIRRELARRIESS  CORAL GABLES, FL 00000  14 CITY-S1-2P  INTU  DELETE  21 TITLE  Change  Addition  Change									
Signature typed or princed range that displeads (NOTE Registered Agend to Percentating)   DATE	office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the con	corporation submits this statement for the poration's board of directors. I hereby acc	ept the appoi	hanging its intment as	s registered registered
12. OFFICERS AND DIRECTORS  TITLE PD CRISPIN, SAMUEL B SIREE LADRESS CRISPIN, SAMUEL B SOI EDGEWATER DR,#323 CIY-SI-7P CORAL GABLES, FL 00000  DELETE 11 TITLE PD CRISPIN, SAMUEL B SOI EDGEWATER DR,#323 CIY-SI-7P CORAL GABLES, FL 00000  DELETE 21 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CARL GABLES, FL 00000  14 CIY-SI-7P INTE ANAME 22 INTITLE ANAME 23 STREET ADDRESS CIY-SI-7P INTE ANAME 33 STREET ADDRESS CIY-SI-7P INTE ANAME ASTREET ADDRESS CIY-SI-7P INTE ASTREET ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ASTREET ADDRESS CIY-SI-7P ASTREET ADDRESS CIY-SI-7P ASTREET ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ADDRESS CIY-SI-7P ADDRESS		Signature Typed or printed name of registered age	nt and title if applicable (NOTE: I	Registered Ap	eni signature	e required when reinstating)	DATE		
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the care of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my pame	CHY-ST-ZIP			6.4 CITY-	ST - 71P				
	14. I do heret informatio I am an o	by certify that the information supplied in indicated on this annual report or s flicer or director of the corporation or	d with this filing does not qualify upplemental annual report is tru the eceiver or trustee empower	for the ex- e and acc red to exe-	emption a urate and oute this	stated in Section 119.07(3)(i), Florida Statud that my signature shall have the same leareport as required by Chapter 607, Florid	ites. I further o gal effect as i a Statutes; an	pertify that if made uni d that my r	the der oath; that name

Bamue B. Olispia