

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90224 032 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

94074158

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 |                                                                                                                                      |                                                                                   |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # F93000004509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 |                                                                                                                                      |  |                                   |
| 1. Entity Name<br>RICHARD BERTRAM YACHTS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 |                                                                                                                                      |                                                                                   |                                   |
| Principal Place of Business<br>6140 PARKLAND BLVD.<br>MAYFIELD HEIGHTS, OH 44124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                 | Mailing Address<br>3660 N.W. 21 STREET<br>MIAMI, FL 33142                                                                            |                                                                                   |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 | 3. Mailing Address                                                                                                                   |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                 | Suite, Apt. #, etc.                                                                                                                  |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                 | City & State                                                                                                                         |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | Country                         | Zip                                                                                                                                  |                                                                                   | Country                           |
| 4. FEI Number<br>34-1750306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                 | \$8.75 Additional Fee Required                                                                                                       |                                                                                   |                                   |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                 |                                                                                                                                      |                                                                                   |                                   |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                 |                                                                                                                                      |                                                                                   |                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                      |                                                                                   |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CD                         | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOMSICH, ROBERT J          |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6140 PARKLAND BLVD.        |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MAYFIELD HEIGHTS, OH 44124 |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V                          | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RZICZNEK, FRANK J          |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6140 PARKLAND BLVD.        |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MAYFIELD HEIGHTS, OH 44124 |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VS                         | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BRAINARD, PATRICK J        |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6140 PARKLAND BLVD.        |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MAYFIELD HEIGHTS, OH 44124 |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                          | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JOUSMA, GEORGE             |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6140 PARKLAND BLVD         |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MAYFIELD HEIGHTS, OH 44124 |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V ASS. SGT. SECURITY       | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STEWART, RICHARD           |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6140 PARKLAND BLVD         |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MAYFIELD HEIGHTS, OH 44124 |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | <input type="checkbox"/> Delete | TITLE                                                                                                                                | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                 | NAME                                                                                                                                 |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                 | STREET ADDRESS                                                                                                                       |                                                                                   |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                 | CITY- ST- ZIP                                                                                                                        |                                                                                   |                                   |
| 12. I 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 report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                            |                                 |                                                                                                                                      |                                                                                   |                                   |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                 | Date _____                                                                                                                           |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                 | Daytime Phone # _____                                                                                                                |                                                                                   |                                   |