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

PROFIT.



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT 996	Sandra B M Secretary of DIVISION OF COR	of State		
DOCUM 1. Corporation		0001589 (9)			
	A-AH YACHT LEASING COI	₹P.			
Principal Place of	of Business	Mailing Address	···································		li da ilit a s til datat indet byten tausa sans sans
757 S.E. 17TH STREET. SUITE 594 FORT LAUDERDALE FL 33316		757 S.E. 17TH STREET. SUITE 594 FORT LAUDERDALE FL 33316			
				 Date Incorporated or Qualified 04/03/1995 	3a. Date of Last Report
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 11-3156791	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #. etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29 3	Country 0		es 💹 No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent
321 ROY	Warren d Sr Yal Poinciana Plaza Each Fl 33480	83		dress (P.O. Box Number is Not Acceptable)	
			84 City	the state of the s	FL
l extremiator	of the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	aa isuca chanac was autouzeu i	the above-named corpo by the corporation's bod	ration submits this statement for the part of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE: .	Signature typed or publishing selectory size to year	rainte tuainalis	Bog Heres Agent Bojs af include service		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change Addition
THILE	PC	☐ DELETE	1 1 TITLE		_ change cases
NAME	LIEBOWITZ, LEO 125 JERICHO TURNPIKE		1.2 NAME 1.3 STREET ADORESS		
STREET ADDRESS	JERICHO NY 11753		1.4 City - ST - ZiF		
CITY-ST-ZIP	VCST	DELETE	2 1 THE		Change Addition
NAME	LIEBOWITZ, ROSE		2.2 NAME		
STREET ADDRESS	125 JERICHO TURNPIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY 11753		2.4 CITY ST ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE		Change T Manager
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			34 CITY ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4 1 THUE		Change Addit on
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7/P			4.4.C(1) - ST - Z(P		F1.0
THLE		DCTFLE	5 TITLE	6000018 -06/03/960	476BBrgs Addition
NAME			5.2 NAME	06/03/960	1032802
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP		DELETE	6 1 TITLE		☐ Change ☐ Addition
THTLE		Приси	6.2 NAME		1790

6.3 STHEET ADDRESS

SIGNATURE:

KND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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; that I am an officer or director of this corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an abeliess. 2-20-96

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