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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G05413

(1)

FLORIDA YACHT EXCHANGE, INC.

Principal Place of Business Mailing Address 2670 SW 87 AVE FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328-				206				
					3. Date Incorporated or Qualified 10/21/1982	3a. Date of 04/29/1	•	ırt
	lace of Business	2a. Mailing Address			4. FEI Number		Applie	
Sulte, Apt.	# etc	Suite, Apt. #, etc.			59-2231609		Not Ap	pplicable
22 Ciby & State	., 0,01	[27]			5. Certificate of Status Desired		Fee Requi	
	9	City & State	e ar i anni riski enga wanana saa		6. Election Campaign Financing	\$	5.00 Ma	v Bo
23		[28]			Trust Fund Contribution		dded to F	
∠ıp	Country	Zip	Country		8. This corporation has liability for			9.032,
24	25	[29]	30 			Yes No		
	9. Name and Address of Curre	an negistered Agent	81	Name	10. Name and Address of New Re	gistered Agen	 	
MORNES, WALTER J 2670 SW 87TH AVENUE			82		ess (P.O. Box Number is Not Acceptable)			
F1 (LAUDERDALE FL 33328		83					
			B4	City		FL 85	Zip Cod	ic
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli-	gations of, Section 607.0505,	Florida Statutes		poration submits this statement for the plice in the police in the polic		ent as reg	stered
12.		NO DIRECTORS	Olt: Registered Age	nt signature requi	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE	CTORS II	J 12
TITLE	P	DELETE	1.110TUE					Addition
NAME	MORNES, WALTER J.		1.2 NAME					
STREET ADDRESS	2670 SW 87TH AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CHY-S	T - ZIF				
TITLE	ST DELEY		2.4 TOTLE			L] C	hange [_	Addition
NAME	MORNES, AURORA Y. 2670 SW 87TH AVE		2.2 NAME		. •			
STREET ADORESS	FT LAUDERDALE FL		2.3 STREET	1				
CITY-ST-ZIP TITLE	FT DAUDENDALE IL	DILFIE	2. 4 CDY-5 3.1 THU€	11-211/		По	hange [Addition
NAME			3.2 NAME	-				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY-S	T-7IP				
TITLE		☐ DELF1E	4.1 TOLE				hange [_	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	1-2IP				Pag*
TITLE		☐ DELETE	5 1 TOLE				hange [Addition
NAME			5.7 NAME					
STREET ADDRESS			5.3 STREET		•			
CITY-ST-ZIP		DELETE	5.4 CITY-S	1-7IP		——————————————————————————————————————	hanna T-	7 Addition
TITLE		טנגנונ	6.1 7(1).6			[_] (thange [_	Addition
NAME CTOTET ADODESS			6.2 NAME	ADDRESO				
STREET ADORESS			6.3 STREET 6.4 COLY - S					

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 Statutos. 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 logal 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 hanged or en an attachment with an address.

May IN

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FILED

May 06 1997 8:00am

Secretary of State