

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:07

DOCUMENT # **G11730** (0)

1. Corporation Name

**SEA TIGER YACHTING SERVICES, INC.**

Principal Place of Business

Mailing Address

C/O NEILL MILLER  
11300 NE 2ND AVENUE  
MIAMI SHORES FL 33161

C/O NEILL MILLER  
11300 NE 2ND AVENUE  
MIAMI SHORES FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 **MIAMI SHORES, FL.**

26 **11300 N.E. 2 AVE.**

State, Apt. #, etc.

State, Apt. #, etc.

22 **11300 NE 2 AVE**

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 **33161**

25 **USA**

29

30

4. FEI Number  
**59-0225576**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, NEILL L.  
11300 NE 2 AVENUE  
MIAMI FL 33161

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

*Thomas D. Miller*

**1-17-95**

(Signature, typed or printed name of registered agent and title of registrant)

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DST</b>
NAME	<b>MILLER, NEILL L</b>
STREET ADDRESS	<b>11300 NE 2 AVE</b>
CITY- ST- ZIP	<b>MIAMI SHORES, FL 00000</b>
TITLE	<b>DP</b>
NAME	<b>MILLER, THOMAS D</b>
STREET ADDRESS	<b>11300 NE 2 AVE</b>
CITY- ST- ZIP	<b>MIAMI SHORES, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally for the exception stated in Section 199.032, 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 and made under oath, that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

*Thomas D. Miller* **THOMAS D. MILLER**

**1-17-95 305 844 3496**

(Signature and typed or printed name of board officer or director)