

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G25932** (6)
1. Corporation Name
WORLD CLASS YACHTS, INC.

Principal Place of Business 251 ROYAL PALM WAY SUITE 209 PALM BEACH FL 33480	Mailing Address 251 ROYAL PALM WAY SUITE 209 PALM BEACH FL 33480-4310
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2. Principal Place of Business 21 292 S. County Road Suite, Apt. #, etc. 22 Suite 134 City & State 23 Palm Beach, Florida Zip 24 33480		2a. Mailing Address 26 292 S. County Road Suite, Apt. #, etc. 27 Suite 134 City & State 28 Palm Beach, Florida Zip 29 33480		3. Date Incorporated or Qualified 02/24/1983		3a. Date of Last Report 05/01/1996	
		4. FEI Number 59-2264100		Applied For <input type="checkbox"/> Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent FULTON, POLLY 251 ROYAL PALM WAY SUITE 209 PALM BEACH FL 33480				10. Name and Address of New Registered Agent			
				81 Name Fulton, Polly			
				82 Street Address (P.O. Box Number is Not Acceptable) 292 S. County Road			
				83 Suite 134			
				84 City Palm Beach			
				85 Zip Code FL 33480			

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 *Polly Fulton* DATE **4/29/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, POLLY			1.2 NAME	Fulton, Polly		
STREET ADDRESS	251 ROYAL PALM WAY, #209			1.3 STREET ADDRESS	292 S. County Road #134		
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP	Palm Beach, Florida 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, CHARLES			2.2 NAME	Fulton, Charles Kean		
STREET ADDRESS	251 ROYAL PALM WAY, #209			2.3 STREET ADDRESS	292 S. County Road		
CITY-ST-ZIP	PALM BEACH FL			2.4 CITY-ST-ZIP	Palm Beach, Florida 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, RODNEY L			3.2 NAME	Fulton, Rodney D.		
STREET ADDRESS	251 ROYAL PALM WAY, #209			3.3 STREET ADDRESS	292 S. County Road #134		
CITY-ST-ZIP	PALM BEACH FL 33480			3.4 CITY-ST-ZIP	Palm Beach, Florida 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPT	<input type="checkbox"/> DELETE		4.1 TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, MARNIE L			4.2 NAME	Fulton, P. Marnie Fulton		
STREET ADDRESS	251 ROYAL PALM WAY, #209			4.3 STREET ADDRESS	292 S. County Road #134		
CITY-ST-ZIP	PALM BEACH FL 33480			4.4 CITY-ST-ZIP	Palm Beach, Florida 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 supplemental 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 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 changed, or on an attachment with an address.

SIGNATURE: *Polly Fulton* DATE **4/29/97** DAYTIME PHONE **561-659-1545**

CR2E034 (9/96)