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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(0)

NAUTICAL WANDERER, INC.

| trincipal Place of Business | Mail |
|-----------------------------|------|
| ** ***** * ******* | • |

ling Address % JACK J. WEISS

| SUITE 1000, 701 S.W. 27TH AVE. MIAMI FL 33135 | | SUITE 1000, 701 S.W. 27TH AVE. MIAMI FL 33135 | | | | T 200 - 150 - 1 | () | | | |
|--|--|--|---------|--|-------------------------|--|---------------------------------|--|-----------------------|---|
| | | | | | | 3. Date Incorporated or Qualified 03/16/1983 | te of Last Report 02/23/1995 | | | |
| 2. | Principal Place of Busine | ess | 2a | . Mailing Address | | | | 4. FEI Number | | Applied For |
| 1 | | | 26 | | | | | 59-1467763 | | Not Applicable |
| 2 | Suite, Apt. #, etc. | | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| 3 | City & State | | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| 4 | Zιp | Country 25 | 29 | Zip | Cour 30 | ntry | | 8. This corporation has liability for Florida Statutes Yes | intangible t | tax under s 199.032, |
| _ | 9. Name | and Address of Curre | nt Regi | stered Agent | | | | 10. Name and Address of New R | legistered | Agent |
| MICHOC LACK I | | | | | L | 81 | ש לגו | ind, Adeason | | |
| WEISS, JACK J SUITE 1000, 701 S.W. 27TH AVE. MANI FL 33135 | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptab | 12 A | re \$\$1000 | | |
| | | | | 83 | | | | | | |
| | | | | | | 84 | City Ku | 'AMI' | FI | 85 Zip Code 35 |
| 1 | Pursuant to the provision registered agent, or | ions // Sections 607.050 | rida. | 1508 lorida Statute Lagge was authorize | es, the abored by the c | ve n | amed corpora oration's board | ition submits this statement for the pull I of directors. I hereby accept the app | rpose of chointment a | nanging its registered offic is registered agent. I am |

| | | | B4 City & | リルAM/ FL ** 学覧。 |
|---------------------|---|---|--|---|
| | d agent or book in Ma State of Forida. 2001 a | 1508 florida Statutes, the harge was authorized by 5, Florida Statutes. | ne above named co y the corporation's l | orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am |
| SIGNATURE _ | Standarde, typed or printed game of registered as out and life if any | | g stered Agent signature re | resumed when rejectation) DATE |
| 12. | OFFICERS AND DIRECTO | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP C STATE OF THE | DELFTE | 1 1 THLF | Change Addition |
| NAME | WEISS, JACK J | | 1.2 NAME | |
| STREET ADORESS | #1000, 701 SW 27TH AVE DQ | .α.α | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 14 CITY- ST-ZIP | |
| TITLE | | DELETE | 2 1 TITLE 1/3 | Change Addition |
| NAME | | LL. | 2.2 NAME | TOI S.W. 27 MAIR MIANI, Fl. 33135 |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 701 S.W. 27 4 AIR |
| CITY-ST-ZIP | | | 2.4 CITY - ST - ZIP | TCIEE NY NAAIN |
| TITLE | | [] DELETE | 3.1 TITLE 7/2 | |
| NAME | | | 3.2 NAME | waise, AdeluA |
| STREET ADDRESS | | | 3.3. STREET ADDRESS | 701 S.W. 2742 AUR |
| CITY-ST-ZIP | | | 3 4 CITY-ST-ZIP | MIAMI. FI. 33135 |
| TITLE | | DELETE | 4 1 Till F | Change Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| | | | 4.4 C(1Y - ST - ZIP | |
| CHY-ST-ZIP TITLE | | [] DELETE | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| 1 | | | 5.3 STREET ADDRESS | |
| STREET ADORESS | | | | 400001812384 |
| CITY-ST-ZIP | | DELETE | 5.4 CiTY-ST-ZiP | -05/07/9601171001 _{Change} Addition |
| | | الم مددد | 62 NAME | ***2000.00 |
| NAME | | | 6.3 STREET ADDRESS | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | |

14. To 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 the annual report or supplement 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 proportion or the reliever further enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 3 or on an allow front print an address.

SIGNATURE:

4/30/96 (305) 643-6206