2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # G65783** 04-30-2004 90243 029 ***150.00 1. Entity Name TROPICAL YACHT SALES, INC. Principal Place of Business Mailing Address 94075139 8880 BISCAYNE BOULEVARD 8880 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138-0343 MIAMI SHORES, FL 33138-0343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2338399 Not Applicable Zip Country_ Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOUZ, LOUIS Street Address (P.O. Box Number is Not Acceptable) 7522 WILEE RD POMPANO BEACH, FL 33067 10-2 Zip Code **SOUTINGS** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition WILDSTEIN, LARRY NAME NAME STREET ADDRESS 8880 BISCAYNE BOULEVARD STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 331380343 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WILDSTEIN, DIANE NAME NAME STREET ADDRESS 8880 BISCAYNE BOULEVARD STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 331380343 CITY-ST-ZIP TITLE TITLE ☐ Oelete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7l9 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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