FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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8:43

DOCUMENT # H75443 (2)

1. Corporation Name
EUROYACHT IMPORTERS, INC.

Principal Place of Business	Mailing Address
150 LINDEN OAKS DR. SUITE C ROCHESTER NY 14625	150 LINDEN OAKS DR. SUITE C ROCHESTER NY 14625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1985
3a. Date of Last Report: 12/21/1993

2. Principal Place of Business	2a. Mailing Address
21 4400 NINE MILE POINT ROAD	26 4400 NINE MILE POINT ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1
City & State 23 FAIRPORT, N.Y.	City & State 28 FAIRPORT, N.Y.
Zip / Country 24 14450-8792 / 25 USA	Zip / Country 29 14450-8792 / 30 USA

4. FEI Number: 59-2580497 ☐ 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
PAPA, JOSEPH F. P.A. 900 N. FEDERAL HWY. BOCA RATON FL 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DIMINO, FRANK	1.2 NAME		
STREET ADDRESS	270 AMBASSADOR DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14610	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	DIMINO, FRANK	2.2 NAME		
STREET ADDRESS	270 AMBASSADOR DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14610	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	THUMMLER, PETER K.	3.2 NAME		
STREET ADDRESS	20 OLD WESTFALL DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14625	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	DIMINO, RONALD	4.2 NAME		
STREET ADDRESS	6 GRECIAN GARDEN DR.	4.3 STREET ADDRESS	218 BAYCREST DRIVE	
CITY-ST-ZIP	ROCHESTER NY 14626	4.4 CITY-ST-ZIP	ROCHESTER, N.Y. 14622	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: [signature] VP PETER K. THUMMLER 3/17/95 (716) 388-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476043 FP