

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

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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H75443** (2)  
1. Corporation Name  
**EUROYACHT IMPORTERS, INC.**

Principal Place of Business  
**4400 NINE MILE POINT RD  
FAIRPORT NY 14450  
US**

Mailing Address  
**4400 NINE MILE POINT RD  
FAIRPORT NY 14450-8792  
US**



3. Date Incorporated or Qualified  
**09/11/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business 21 <b>4400 Nine Mile Point Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Fairport, N.Y.</b> Zip 24 <b>14450-8792</b>	2a. Mailing Address 26 <b>4400 Nine Mile Point Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Fairport, N.Y.</b> Zip 29 <b>14450-8792</b>	4. FEI Number <b>59-2580497</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**PAPA, JOSEPH F. P.A.  
900 N. FEDERAL HWY.  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMINO, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>270 AMBASSADOR DR.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER NY 14610</b>	1.4 CITY- ST- ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMINO, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>270 AMBASSADOR DR.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER NY 14610</b>	2.4 CITY- ST- ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THUMMLER, PETER K.</b>	3.2 NAME	
STREET ADDRESS	<b>20 OLD WESTFALL DR.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER NY 14625</b>	3.4 CITY- ST- ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMINO, RONALD</b>	4.2 NAME	
STREET ADDRESS	<b>218 BAYCREST DR</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ROCHESTER NY</b>	4.4 CITY- ST- ZIP	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER K. THUMMLER** 3/28/97 (716) 388-2090

Date Daytime Phone #

0007087

CR2E034 (9/96)