

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 21 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H75443

(2)

1. Corporation Name

EUROYACHT IMPORTERS, INC.

Principal Place of Business

4400 NINE MILE POINT RD
FAIRPORT NY 14450-8792
US

Mailing Address

4400 NINE MILE POINT RD
FAIRPORT NY 14450-8792
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1985

4. FEI Number

59-2580497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City Tallahassee

FL

85 Zip Code 32301

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DIMINO, FRANK
STREET ADDRESS 270 AMBASSADOR DR.
CITY-ST-ZIP ROCHESTER NY 14610

TITLE ☐ DELETE
NAME DIMINO, FRANK
STREET ADDRESS 270 AMBASSADOR DR.
CITY-ST-ZIP ROCHESTER NY 14610

TITLE ☐ DELETE
NAME THUMMLER, PETER K.
STREET ADDRESS 20 OLD WESTFALL DR.
CITY-ST-ZIP ROCHESTER NY 14625

TITLE ☐ DELETE
NAME DIMINO, RONALD
STREET ADDRESS 218 BAYCREST DR
CITY-ST-ZIP ROCHESTER NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 300002498863--3
1.3 STREET ADDRESS -04/24/98--01008--013
1.4 CITY-ST-ZIP ****150.00 ****150.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)