## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H90941 DOCUMENT #

1. Corporation Name

(6)

IRWIN CUSTOM YACHTS, INC.

Principal Place of Business	Mailing Address			
13055 49TH STREET NORTH	5830 BALAO WAY SOUTH			
CLEARWATER FL 34622-4016	ST. PETERSBURG BEACH FL 33706			

Principal Place of Business 13055 49TH STREET NORTH CLEARWATER FL 34622-4016		Mailing Address	Mailing Address				
			5830 BALAO WAY SOUTH ST. PETERSBURG BEACH FL 33706				
					Date Incorporated or Qualified     12/20/1985		of Last Report /14/1995
		2a. Mailing Address			4. FEI Number	_L	Applied For
2. Fillippart lace of Bosiness					59-1836239		Not Applicable
1		Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional
Suite, Apt. #,	etc.	27			5. Certificate of Status Desired		Fee Required
City & State		City & Stale			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
:3		7ip	Coun	try	8. This corporation has liability for	intangible ta	x under s 199.032,
Zip	Country	29	30		Florida Statutes 🔣 Yes	i ∏No	
4	g. Name and Address of Cu				10. Name and Address of New F	legistered /	Agent
	g. Name and Address of St			81 Name			
ADMANA TE	n		<u> </u>		dress (P.O. Box Number is Not Acceptate	nle)	
IRWIN, TE			1	Street Add	dress (P.O. Box Northber is Not Accepted	5.0,	
	'H STREET,N.		- h	83			
CLEARWA	TER FL 34622						85 Zip Code
			1	84 City		FL	85 Zip Code
			the obe	no page od corny	oration submits this statement for the pu ard of directors. I hereby accept the app	recess of chi	anging its registered offi
11. Pursuant to	the provisions of Sections 607.0	0502 and 507, 1506, Florida Statut Florida. Such change was authoriz	red by the o	orporation's bo	oration submits this statement for the po ard of directors. Thereby accept the app	pointment as	registered agent. I am
familiar with	n, and accept the obligations of,	Section 607.0505, Florida Statutes	S.				
					ast when recursing?	DAIL	
Sidily (10 nt. )	algranire, typed or printed name of registers t			Alt of Signal, are restra	ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTORS IN 12
12.		S AND DIRECTORS  DELETE	13.		STD		Change Addition
TITLE	PO	C) DECEIE	1				
NAME	IRWIN, TED		1 2 NA	Nt	IRVIN KAREN		
STREET ADDRESS	13055-49TH STREET,N.			REET ADDRESS	CLEAR MATER EL 34	1.22	
CITY+ST-2IP	CLEARWATER FL 34622	DELETE	2 1 TI	ry - Si - ZiP	CLEARWATER, FL 34		Change Addition
TITLE	STD	Deceie		110	VP/D.		
NAME	IRWIN, NEVADA		2 2 NA	.ME	IRWIN, NEVADA		
STREET ADDRESS	13055 49 ST. N.			REET ADDRESS	13055 49 to St N.	244.22	<b>)</b> .
CITY - ST - ZIP	CLEARWATER FL 34622			1 y - S1 - 712	CLEARWATER, FL.	7100.	Change Addit-or
TITLE		☐ D€LETE	3 1 1	1			
NAME			3 2 N/	1			
STREET ADDRESS			- 1	TREET ADDRESS			
CiTY - ST - ZiF				ITY - S1 - ZIP			Change Addition
TITLE		DELETE	4 1 1				
NAMÉ			42 N				
STREET ADDRESS			43S	TREE1 ADDRESS			
CITY-ST-ZIP				rty-St-ZIP			Change Addition
THLE		☐ DELETE	5 1 T	JUE			C Subarge C Material
NAME			52 N	AME			
STREET ADDRESS			53S	TREET ADDRESS			
CITY-ST-ZIP		<u></u>		ITY-S1-ZIP			Change Addition
TITLE		☐ DELETE	6.1	JITLE			☐ Change ☐ Addition
NAME			621	IAME			
STREET ADDRESS			635	STREET ADDRESS			
1			640	DITY-ST-ZIP			
CITY-ST-ZIP	tife that the information Sur	aplied with this filing is voluntarily fu	urnished and	does not quali	ify for the exemption stated in Section 1	19.07(3)(k), F	Florida Statutes i furthei

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)(k). Florida Statutes 1 furner 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 as If pranged, or on an attachment with an address.

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4 19 96 X813 573 4581