**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

APPROVED AND FILED
95 MAY -1 AM 9:46
TALLAHASSEE, FLORIDA

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-05/30/95--01017--023
****400.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # J38243

1. Corporation Name
Corinthian Yachts, Inc.

Principal Place of Business
1065 Island Ave.
Tarpon Springs, Fl.
34689

Mailing Address
SAME

3. Date Incorporated or Qualified: 10-16-86
3a. Date of Last Report: 12-5-94

2. Principal Place of Business
21 1065 Island Ave
22 Suite, Apt. #, etc
23 City & State: Tarpon Springs, Fl.
24 Zip: 34689 25 Country: U.S.A.

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2860185
☐ 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
James J Spanolios Esq.
36358 U.S 19 North
Palm Harbor, Fl. 34684

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 (Typed or printed name of registered agent and title if applicable) (If a corporation is registered agent, signature of officer or director authorizing) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Gary Heberle | 12 NAME | |
| STREET ADDRESS | 1065 Island Ave. | 13 STREET ADDRESS | |
| CITY ST ZIP | Tarpon Spgs., Fl. 34689 | 14 CITY ST ZIP | |
| TITLE | Vice-Pres. | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Dee Vercruysse | 22 NAME | |
| STREET ADDRESS | 5623 Mosaic Dr. | 23 STREET ADDRESS | |
| CITY ST ZIP | Holiday, Fl. 34690 | 24 CITY ST ZIP | |
| TITLE | Sec./Tres. | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Frank Carberry | 32 NAME | |
| STREET ADDRESS | 405 Dempsey Rd | 33 STREET ADDRESS | |
| CITY ST ZIP | Palm Harbor, Fl. 34683 | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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** Frank Carberry 4/24/95 (813) 934-6055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (DATE) (Telephone Number)