

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J85408** (9)

1. Corporation Name

ALL YACHTS SURVEYING SPECIALISTS, INC.

Principal Place of Business

1022 W. S.R. 436
STE. 1012
ALTAMONTE FL 32714
US

Mailing Address

% GLEN HORNE
P.O. BOX 160502
ALTAMONTE SPRINGS FL 32716-0502
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HORNE, GLEN
9064 GREENBROOK CT
ORLANDO FL 32810

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 607.0507 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
	P HORNE, GLEN	9064 GREENBROOK CT	ORLANDO FL	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change	[] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	[] Change	[] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	[] Change	[] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	[] Change	[] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	[] Change	[] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	[] Change	[] Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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, or registered agent, 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 I am an officer or director, or an agent, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (407)682-1161

CR2E034 (12/95)