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 JUN 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/16/95--01083--010
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J87501** **(9)**

1. Corporation Name

RESORTS YACHTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
C/O DEAN R. HALPER 6400 N. ANDREWS AVE PARK PLAZA SUITE 200 FORT LAUDERDALE FL 33309 US	6400 N ANDREWS AVE PARK PLAZA SUITE 200 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6400 N. ANDREWS AVE.
Suite, Apt. #, etc.
22: # 200
City & State
23: Ft Lauderdale, FL
Zip: 24: 33309
Country: 25:

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

4. FEI Number: 65-0253033 ☐ 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

RALPH MULLER
5929 NORTH OCEAN BLVD.
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name: Richard C. Booth
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1562 Proctor Street
84 City: Tallahassee FL 85 Zip Code: 32303

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: _____ 6/12/95
(Signature of new registered agent, if changed, and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	MULLER, RALPH P.	12 NAME		
STREET ADDRESS	5929 NORTH OCEAN BLVD.	13 STREET ADDRESS	6400 N. andrews ave. # 200	
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		21 TITLE	☐ Change	☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 6/8/95 305-351-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0216427 CP