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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K04065

(4)

1. Corporation Name

CALVERT SAILS, INC.

Principal Place of Business

CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA FL 33036

Mailing Address

CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA FL 33036-1082



3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVERT, DAVID
200 INDUSTRIAL DR.
MILE 81 1/2 OLD HWY
ISLAMORADA FL 33036

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

Signature, typed or printed name of registered agent 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 PS ☐ DELETE

NAME CALVERT, DAVID
STREET ADDRESS 1177 OLD HWY.
CITY- ST- ZIP ISLAMORADA FL

1.1 TITLE ☐ Change ☒ Addition

TITLE S ☐ DELETE

NAME GILLES, FUMAT
STREET ADDRESS 113 LESERRA
CITY- ST- ZIP ISLAMORADA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE Vice President ☐ DELETE

NAME Lesley SANDERS
STREET ADDRESS Po Box 1805 / 113 Leserra
CITY- ST- ZIP Islamorada FL 33036

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sec. FUMAT

1/25/97

305 664 8056

Date

Daytime Phone #

0160258

CR2E034 (9/96)