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

DOCUMENT #

K32553

(5)

NEW R	IVER YACHT SALES, INC.				
Principal Place of Business * MARY WICKMAN 3001 ST RD 84 FORT LAUDERDALE FL 33312		Mailing Address % Mary Wickman 3001 ST RD 84 FORT LAUDERDALE FL 33312			
				3. Date Incorporated or Qualified 09/06/1988	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0100080	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zıp	Country	8. This corporation has liability for I	
24	25	29	30		□No
	9. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New R	egistered Agent
******	LL BOOSET A				
WICKMAN, ROBERT S 3001 ST RD 84			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
			83		
FURI D	AUDERDALE FL 33312				
			84 City		FL 85 Zip Code
familiar wit	ed agenit, or bottly in the State of noth, and accept the obligations of, Sec	noiton 607.0505, Honda Statutes.	If Hightened April Signature region		OATE
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
HTLE	D	☐ DELETE	, 1 1 TIT.E		☐ Change ☐ Addit-on
NAME	WICKMAN, ROBERT		1.2 NAME		
STREET ADDRESS	3001 ST RD 84		1 3 STREET ADDRESS		
C(TY-ST-ZIP	FORT LAUDERDALE FL D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE	WICKMAN, MARY		2 2 NAME		
NAME STREET ADDRESS	3001 ST RD 84		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		24 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - S1 - ZIF		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - \$1 - 71P		☐ Change ☐ Addition
TITLE		[] DELLIC	5 1 TITLE 5 2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY - ST - ZIP		
CITY-S1-ZIP TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME		Name 1	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this firing 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: May M. Wekmen SIGNING OFFICER OR DIRECTOR

4 30.96 954.584.2500

CR2E034 (12/95)