

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K93654** (7)

1. Corporation Name

**CLASSIC YACHT REFINISHING, INC.**



Principal Place of Business

**999 ELLER DRIVE  
BAY B-6  
DANIA FL 33004  
US**

Mailing Address

**1323 SE 17TH STREET  
635  
FT. LAUDERDALE FL 33316  
US**

3. Date Incorporated or Qualified  
**06/07/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0135609**

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

2. Principal Place of Business

21 **271-273 SW 33RD CT**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **FT LAUD, FLORIDA**

24 Zip **33315** Country **US**

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MCDONALD, IAN  
1221 SW 18TH STREET  
FT LAUDERDALE FL 33315**

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

*IAN MAC DONALD*

**IAN MAC DONALD**

**PRESIDENT**

**1/22/96**

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MCDONALD, IAN**

STREET ADDRESS **1221 SW 18TH STREET**

CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME **SECRETARY**

13 STREET ADDRESS **JOANNE MILLICHAP**

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME **DIRECTOR, OFFICER**

23 STREET ADDRESS **MICHELLE MAC DONALD (DELETE AS DIR, OFFICER)**

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 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 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:

*IAN MAC DONALD*

**IAN MAC DONALD**

**1/22/96 (35)760-9626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)