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 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K98837** **(3)**

1. Corporation Name

YACHTING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
520 ORTON AVE. SUITE 503 FT. LAUDERDALE FL 33304	520 ORTON AVE. SUITE 503 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **05/26/1994**

2. Principal Place of Business
21 **4340 NE 15TH AVENUE**
22 Suite, Apt. #, etc.
23 City & State: **FORT LAUDERDALE FL**
24 Zip: **33334**
25 Country: **USA**

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

4. FEI Number: **62-1398043** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATHIS, DONALD R.
520 ORTON AVE., #503
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **4340 NE 15TH AVENUE**
83
84 City: **FORT LAUDERDALE** **FL** 85 Zip Code: **33334**

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 _____ DATE
(Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE	P/S/T/D	☒ Change ☐ Addition
12 NAME	DONALD R. MATHIS	12 NAME		
13 STREET ADDRESS	520 ORTON AVE. # 503	13 STREET ADDRESS	4340 NE 15TH AVENUE	
14 CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	FORT LAUDERDALE FL 33334	
21 TITLE	SD	21 TITLE		☒ Change ☐ Addition
22 NAME	MATHIS, KATHLEEN A.	22 NAME	NO LONGER AN OFFICER OR	
23 STREET ADDRESS	520 ORTON AVE. # 503	23 STREET ADDRESS	DIRECTOR OF CORPORATION	
24 CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP		
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 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 exemptions 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 11 or Block 13 if changed, or added to the report with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD R MATHIS
PRESIDENT

4-27-95
Date

305-563-0767
Daytime Phone #

0211021 CP