

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98837** (3)

1. Corporation Name

YACHTING ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**4340 NE 15TH AVE
SUITE 303
FT. LAUD FL 33334
US**

**4340 NE 15TH AVE
SUITE 303
FT. LAUD FL 33334
US**

3. Date Incorporated or Qualified
06/29/1989

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

2. Principal Place of Business

2a. Mailing Address

21 **1200 N. Atlantic Blvd.**

26 **1200 N. Atlantic Blvd**

4. FEI Number

62-1398043

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **# Ph 703**

Suite, Apt. #, etc.

27 **# 703**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **Ft. Lauderdale, Fl.**

City & State

28 **Ft. Lauderdale, Fl.**

6. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be
Added to Fees**

Zip

24 **33304**

Country

25 **Broward**

Zip

29 **33304**

Country

30 **Broward**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHIS, DONALD R.
4340 NE 15TH AVE
FT. LAUD FL 33334**

81 Name

Donald R. Mathis

82 Street Address (P.O. Box Number is Not Acceptable)

**1200 N. Atlantic Blvd
703**

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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

Donald R. Mathis

(NOTE: Registered Agent Signature required when reinstating)

Donald R. Mathis

4/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DONALD R. MATHIS
4340 NE 15TH AVE
FT. LAUD FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Pres, VP T.
Donald R. Mathis
1200 N. Atlantic Blvd. #703
Ft. Lauderdale, Fl. 33304**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Secretary
JOAN D. Mathis
1200 N. Atlantic Blvd. #703
Ft. Lauderdale, Fl. 33304**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Donald R. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (305) 563-0767

Date

Daytime Phone #

CR2E034 (12/95)