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May 27 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 # L67812 (2)

1. Corporation Name
ST. AUGUSTINE YACHT CENTER INC.

Principal Place of Business
% SANDRA C. PHILLIPS
HARBOR DR - CAMACHEE COVE
ST. AUGUSTINE FL 32095

Mailing Address
% SANDRA C. PHILLIPS
HARBOR DR - CAMACHEE COVE
ST. AUGUSTINE FL 32095



2. Principal Place of Business
21 111 AVENIDA MENENDEZ
Suite, Apt #, etc.
22 B-C
City & State
23 ST. AUGUSTINE, FL
Zip
24 32084
Country
25 ST. JOHNS
26 111 AVENIDA MENENDEZ
Suite, Apt #, etc.
27 B-C
City & State
28 ST. AUGUSTINE, FL
Zip
29 32084
Country
30 ST. JOHNS

3. Date Incorporated or Qualified
04/23/1990
3a. Date of Last Report
05/01/1996
4. FEI Number
59-3008639
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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

PHILLIPS, SANDRA C.
HARBOR DR - CAMACHEE COVE
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
111 AVENIDA MENENDEZ
83 SUITE B-C
84 City
ST. AUGUSTINE FL 85 Zip Code
32084

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

Sandra C. Phillips

(NOTE: Registered Agent signature required when reinstalling)

5/1/97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PHILLIPS, DAVID J.
10561 CASTLEBROOK DR.
JACKSONVILLE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PHILLIPS, SANDRA C
10561 CASTLEBROOK DR
JACKSONVILLE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
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 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:

Sandra C. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-829-2294

0513203

CR2E034 (9/96)