

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M60140 (4)

1. Corporation Name

CONCH YACHT COMPANY, INC.



Principal Place of Business

Mailing Address

C/O ROBERT J. LODGE  
114 TONER LANE, PLANTATION KEY  
ISLAMORADA FL 33036-3127

C/O ROBERT J. LODGE  
114 TONER LANE, PLANTATION KEY  
ISLAMORADA FL 33036-3127

3. Date Incorporated or Qualified

10/02/1987

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 BUD N MARYS MARTINEZ

26 PO BOX 972

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 ISLAMORADA

28 FL 33036

Zip

Country

Zip

Country

24 33036

25 MONROE

29

30 MONROE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LODGE, ROBERT J.  
114 TONER LANE  
PLANTATION KEY  
ISLAMORADA FL 33070

81 Name

CAPT TED D'ESPOSITO

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

85 SEMINOLE BL

83

84

City TAVERNIER

FL

85 Zip Code

33070

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

Capt Ted D'Esposito

6-29-96

Signature types or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LODGE, ROBERT J.	
STREET ADDRESS	11901 PICADILLY PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, BRUCE A.	
STREET ADDRESS	13899 BISCAYNE BLVD SUITE 204	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Lodge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-96-305-687-2244

Date

Daytime Phone #

CR2E034 (3/96)