

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		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State BUREAU OF CORPORATIONS	
19968-1-96 B-7506 C			
DOCUMENT # M70100 (6)			
1. Corporation Name KEY WEST CATAMARANS, INC.			
Principal Place of Business P.O. BOX 1777 KEY WEST FL 33041-1777		Mailing Address P.O. BOX 1777 KEY WEST FL 33041-1777	
2. Principal Place of Business		3. Date Incorporated or Qualified 03/01/1988	
2a. Mailing Address		3a. Date of Last Report 05/25/1995	
21. Suite, Apt. #, etc.		4. FEI Number 07-5501716	
22. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	
25. Country		10. Name and Address of New Registered Agent	
26. Suite, Apt. #, etc.		81. Name	
27. City & State		82. Street Address (P.O. Box Number is Not Acceptable)	
28. Zip		83.	
29. Country		84. City	
30. Country		85. Zip Code	
9. Name and Address of Current Registered Agent BARNES, MICHAEL R P.A. 513 WHITEHEAD STREET KEY WEST FL 33040		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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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93. TITLE NAME STREET ADDRESS CITY-ST-ZIP		93.1 TITLE 93.2 NAME 93.3 STREET ADDRESS 93.4 CITY-ST-ZIP	
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CR2E034 (3/96)

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. & Dir. 7/29/96 (805) 444-5961