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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # M72312 (5)					
FRE	d abel's boatyard, in	C.) (6.016.6 1) (1)) 1 0.61 (1.20.6 (1.40.1	6(0 (1/8) 8(0)) 8(0)) 8(8)) 8(8) 818) 8 8(8)
Principal Place	e of Business	Mailing Address			
3021 FIST	ST ST. VB T ST V.B. ISTINE FL 32095	3021 FIRST ST 3021 FIST ST V ST AUGUSTINE US	.B.	3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal D	lace of Business			03/14/1988	05/01/1995
21		2a. Mailing Address		4. FET Number	Applied For
Suite, Apt. #, etc.		Suite. Apt. #, etc		59-2874188	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	Added to Fees itangible tax under s 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	
3021	, frederic H. First St., Vilano Beach Ugustine Fl 32084		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable	RE 70 Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	2 and 607.1508, Florida Sta	tutes, the above named corporated by the corporation's boa	ration submits this statement for the purp ird of directors. Thereby accept the appoi	
SIGNATURE			res.		a to regions od agent. Fa ii
12.	Signature, typed or protest name of registeres Lagar		(NOTE: All jutered Agent significant require		DATE
THE	PSD OFFICERS AF	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	ABEL, FREDERIC H.		1 1 TIFLE 12 NAME		Change Addition
STREET ADDRESS	3021 1ST ST VILANO BCH	1	1 3 STREET ADORESS		
CITY - ST - ZIP	ST. AUGUSTINE FL		1.4 City-St-Zip		
THILE NAME		Defete	2 1 THLE		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADORESS		
TITLE		DOLFTE	3 1 TITLE		
NAME			3 2 NAME		☐ Change ☐ Addition
STREET ADORESS			3.3 STREET ADDRESS		
CITY - ST-ZIP			3 4 CITY - ST - ZIP		
TITLE NAME		DETEIF	4 1 THLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
IIILE		DELETE	5 1 TITLE		
NAME		board of a second	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CITY-ST-ZIF		
IITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with the files in a least of	6 4 CITY - ST - ZII		
oam, marra	he information indicated on this annual am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the economic or trust	, and the second	r the exemption stated in Section 119 07, e and that my signature shall have the sa report as required by Chapter 607, Floric	3)(k), Florida Statutes, I further me legal effect as if made under a Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/23/96 (904)824-5718